

THE NATURE OF ELDER MISTREATMENT IN
SOUTH KOREA AND IMPLICATIONS TO
IMPROVE POLICY AND PRACTICE:
A QUALITATIVE SECONDARY
ANALYSIS

by

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A dissertation submitted to the faculty of
The University of Utah
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

College of Social Work

The University of Utah

May 2013

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The University of Utah Graduate School

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ABSTRACT

To qualitatively explore elder mistreatment occurring within families of South Korea, this study was based on a data set collected during a 1-year period in South Korea through cooperation with the Korean Ministry of Health and Welfare and Korean Elder Protection Agency. For this qualitative secondary analysis, 49 case narratives that met the inclusion criteria were collected from the original data set. The criteria for data collection included: elders aged 65 years or older who were mistreated and who consented to share their stories, abuse by family members, emergency cases, no impairment is evident, and termination of intervention.

Based on the existing literature and theories, a comprehensive conceptual framework was developed for better understanding elder mistreatment in families as well as for developing effective, contextually-sensitive intervention and prevention strategies. The conceptual framework has four dimensions: risk factors of elder mistreatment, the nature of violence, the effects on victims, and the victims' responses to elder mistreatment. Particularly, to identify risk factors of elder mistreatment, this study was guided by the ecological perspective.

The qualitative secondary analysis revealed the following themes: causes of elder mistreatment, characteristics of violence, damaged personal functioning, broken family relationships, reaction to elder mistreatment, positive perception of public services, dependence upon public support, the changing socioeconomic situation, family

responsibility, and the ethical dilemmas. In sum, elder mistreatment was associated with not only the characteristics of individuals and families, but also the complicated interactions between individuals and the environmental systems that affect individuals and families.

Findings from this study will be useful for giving the practitioners, researchers, policy-makers, and other readers an in-depth understanding of elder mistreatment. Particularly, practitioners, such as social workers, health care providers, and social service providers are in a unique position to have contact with vulnerable elderly and identify whether or not there is violence. Thus, they need to be aware of the nature of elder mistreatment and the diverse contexts surrounding elder mistreatment. This study is also valuable for generating hypotheses and identifying critical areas related to elder mistreatment. Implications for policy, practice, and future research are thoroughly discussed.

To my family for your love and prayers

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ACKNOWLEDGEMENTS

I would like to say thank you to Dr. Marilyn Luptak, dissertation chair, for her mentoring, support, and patience during my dissertation process; and to Dr. Caren Frost, Dr. Hank Liese, Dr. Rosemarie Hunter, and Dr. Scott Wright for agreeing to serve on dissertation committees and for spending time to review my work.

Another thank you goes to Yangsup Oh, Deputy Director at the Korean Ministry of Health and Welfare, who provided the wonderful subjects for this study. Also, the support from Jini Choi and Rachel Hwang during data analysis was greatly appreciated.

The constant inspiration and comfort from my son, Solomon, and my husband, Jungkyu, allowed me to persevere through many difficulties and challenges.

A special thank you also goes to my father, Sangchun Kim and mother, Woisun Choi—without their prayers and support over many years, this would not have been possible.

CHAPTER 1

INTRODUCTION

Death is not the ultimate tragedy; it is what happens to us while we are still alive that is the ultimate tragedy. It is what we allow to happen to aging individuals that has been, and continues to be, a significant problem. (Garrett, 2008; p.1)

Overview of Elder Mistreatment

Although violence in families has been a consistent theme throughout literature, the awareness of elder mistreatment has been exceptionally slow in rising to the point of understanding and prevention. Child abuse first received significant attention in the 1960s and domestic violence (or spouse abuse) in the early 1970s (Bennett, 1990), but elder mistreatment was not even described as a social problem until the mid-1970s. Elder mistreatment was first identified in the British literature (Baker, 1975), and professional action for public awakening was followed in the United States, Canada, and European countries (Anetzberger, 2005). By the 1990s research and programs on elder mistreatment were conducted in many developed countries (Wolf, Daichman, & Bennett, 2002; Wolf & Pillemer, 1997).

So far, a number of epidemiological studies have been carried out to discern the prevalence/incidence of elder mistreatment worldwide. It is estimated that approximately 2.2% of older Irish (Naughton et al., 2012), 2.6% of the UK older population (Biggs, Manthorpe, Tinker, Doyle, & Erens, 2009), 11% of older Americans (Acierno,

Hernandes-Tejada, Muzzy, & Steve, 2008), 21% of older Chinese (Yan & Tang, 2001), 8.2% of older Koreans (Cho, Kim, & Kim, 2000), 6% of older Dutch (Comijs, Pot, Smit, Bouter, & Jonker, 1998), 4% of older Australians (Kurrle, Sadler, Lockwood, & Cameron, 1997), and 4% of older Canadians (Podnieks, 1992) have experienced some form of abuse. However, much of the abuse that occurs within the family is still hidden by family secrecy rules. In addition, some of the most vulnerable elderly reside in institutional settings. In one study, 40% of employees surveyed admitted to personally committing at least one psychologically abusive behavior in the preceding year and 10% admitted to physically abusing patients (Garrett, 2008). It is predicted that elder mistreatment will undoubtedly increase over the next several decades as the population ages (Bonnie & Wallace, 2003).

The effort to explain the causes of elder mistreatment has continued for almost two decades. Many researchers have emphasized individual and interpersonal attributes. The popular explanations include the perpetrator's or the victim's dependency, especially for financial support; the perpetrator's psychological state (e.g., mentally disturbed, substance abuse); the victim's poor physical and/or cognitive status; and the family situation (e.g., overburdened caregiver, social isolation, stressful life-events) (Wolf & Pillemer, 1997). Although there are other risk factors, such as poverty, ageism, sexism, family violence history, and the rapid changes in traditions and customs, limited data are available and consistent results are lacking.

The literature contains little empirical data regarding the consequences of elder mistreatment. Some studies have documented feelings of helplessness, denial, guilt, shame, anxiety, depression, fear, and posttraumatic stress syndrome as negative effects

on the psychological health of older victims (Comijs, Smit, Pot, Bouter, & Jonker, 1998; Wolf, 2003; Yan & Tang, 2001). Other researchers also indicated the severe emotional distress (Bristowe & Collins, 1989; Pillemer & Prescott, 1989). One study, using two existing data bases (health survey data and reports to the Adult Protective Service agency), found that those individuals who had been reported to the APS and who were physically abused or neglected had a mortality rate three times that of those who had not been reported (Lachs, Williams, O'Brien, Pillemer, & Charlson, 1998).

Like child abuse and domestic violence, intervention and prevention efforts in elder mistreatment begin with the existing health and social service networks (Wolfe, 2003). Elder mistreatment intervention have focused primarily on three strategies: (1) legislative, including statutory adult protection service programs, modeled after child abuse initiatives; (2) agency- or community-based services, which are integrated models that attempt to provide coordinated services satisfying the needs of the elderly, and modeled after domestic violence strategies; and (3) education and prevention, including advocacy and empowerment for the elderly, derived from the aging network (Anetzberger, 2000). By now, most states in the United States have legislation related to elder mistreatment including physical abuse, sexual abuse, emotional abuse, financial exploitation, and neglect by self or others (McAlpine, 2008). Many countries, however, have not passed specific elder mistreatment legislation but rely on civil rights, family violence, and criminal statutes to address the problem (Wolf, 2000).

Statement of Problem

Elder mistreatment has become a challenging social and health problem in many countries; especially in Asian countries faced with the lessening of traditional family values as well as the rapid aging of the population—elder mistreatment is not a tale of Western countries anymore. The stories of abandoned elderly parents, assaulted older mothers, and a lonely death have been frequently reported through mass media.

According to the best available estimate, the percentage of the population aged 65 and over is 9.1% (or 4.28 million out of 47 million) in Korea. It is expected to reach 14.3% by the year 2018, and 20.8% by 2026 (National Statistical Office, 2006). As the aging of the population becomes more critical, the burden on families becomes heavy, with a lack of social services and the weakening of traditional values emphasizing the family's responsibility for the elderly (Park & Choi, 2001; Yan & Tang, 2001). Caregivers for the elderly frequently face a caring dilemma. Distinct from the Western cultural norms that emphasize independence and individualism, Korean family relationships are interdependent and expected to serve a protective function for family members as they age (Jang, 2009). Despite recent social changes such as urbanization and westernized nuclear family lifestyle, traditional family values including “filial piety” (“Hyo” in Korean) to the parents are still recognizable in the older generation (Society for the Study of Korean Women's Society, 2001).

However, the younger generation of Koreans is less adherent to traditional Confucian principles, and elderly Koreans are no longer guaranteed prestige, power, and care in the family (Moon, 2000). Conflicts between two generations on family caregiving can increase the potential of elder mistreatment. In addition, due to filial piety norms and

a victim's concerns for the family, elder mistreatment cannot be discussed outside the home or even viewed as abusive (Jang, 2009). Traditional value systems influenced by Confucian philosophy may not decrease elder mistreatment within the family but may minimize the extent to which elder mistreatment is recognized and acknowledged (Ho, 1990).

In response to growing recognition that elder mistreatment is no longer a problem of just one person or one family, but a problem of the society as a whole, the South Korean government established a legal foundation for a national protective system in 2004. An older adult protective service (similar to Adult Protective Service in the United States) began in 2005 through the Korean Elder Protection Agency (KEPA) (The Korean Ministry of Health and Welfare [KMHW], 2005). While research on child abuse and domestic violence gradually expanded from the mid-1990s, the problem of elder mistreatment is still largely hidden or poorly understood under the shroud of family secrecy. No one knows how many elderly Koreans are abused, neglected, or exploited in the family. Moreover, there has been little substantive research investigating the nature of elder mistreatment and the complicated contexts surrounding elder mistreatment.

Purpose of the Study

It is worthwhile to conduct research that delves deeply into the complexities and processes of elder mistreatment, which is a little-known phenomenon in South Korea. This study focuses on the abusive experiences of the South Korean elderly. The purpose of this study is to qualitatively explore elder mistreatment in the domestic settings of South Korea and identify the diverse contexts surrounding elder mistreatment, and

suggest implications for policy, practice, and research. Specific research questions are as follows:

1. What are the characteristics of elder mistreatment in South Korea?
2. How does the elder mistreatment experience affect the victims' lives?
3. How do the victims understand and respond to their mistreatment experiences?
4. How do the victims view professionals, services, and systems designed to help them and protect elders from mistreatment?
5. How does elder mistreatment relate to the socioeconomic, cultural, and ethical context of South Korea?

In this study, I used the legal terms—the victim and the perpetrator—to describe people related to elder mistreatment when explaining the context of abuse. It was to give a clear-cut explanation of the abusive situation and to prevent misunderstanding of the relationship between individuals. These legal terms have been used consistently in previous studies including the original study.

Significance of the Study

Over the last 25 years elder mistreatment has been recognized as a serious and complicated social health problem that affects individuals, families, and the society in general. Asian countries, however, have largely been slower to acknowledge the existence of elder mistreatment because of their unique social and cultural values. Elder mistreatment in South Korea, therefore, is one such phenomenon that merits further study.

In addition, elder mistreatment is a growing and challenging field- one well suited for the skills, commitment, and leadership of the social work community. In social work,

there have been requests for more research and practices as well as professional actions. This study increases the understanding of how the elderly have been treated in their families and provides a foundation on which policy makers, educators, researchers, and practitioners can work toward solutions to the problem. Specifically, it increases awareness of elder mistreatment and supports developing an effective strategy for the prevention of and intervention for elder mistreatment in South Korea.

This study also identifies gaps in the literature. Furthermore, the current study is expected to yield valuable information on culturally sensitive decision making that will benefit practitioners in South Korea, the United States, and other countries, and foster expanded cross-cultural research on family violence and elder mistreatment.

Context of the Study

The present study is qualitative and exploratory in nature. In terms of the physical setting of the study, this study is based on a data set collected during a 1-year period in South Korea through the cooperation of the Korean Ministry of Health and Welfare and Korean Elder Protection Agency. The original research was conducted to review national elder abuse counseling program and to suggest implications for policy development in 2007. The original data set consisted of 2,274 case narratives. For this qualitative secondary analysis, 49 case narratives, which met the inclusion criteria, were collected from the original data set. Because the original data set was not collected for research purposes, there was no approval from an institutional review board (IRB). For this study, I obtained approval from the University of Utah Institutional Review Board (IRB) prior to beginning the data analysis.

Organization of the Dissertation

The remainder of this dissertation is organized into four chapters. The second chapter provides a review of the literature related to the conceptualization of elder mistreatment, the circumstance of elder mistreatment, theoretical perspectives, and a description of elder mistreatment in South Korea. The third chapter describes the methodology for this study including a rationale of research design, research questions, conceptual framework, data collection and procedure, and the analysis of data. The fourth chapter presents the findings of the qualitative analysis. A discussion of the results and an explanation of the study's limitations are presented in the fifth chapter. This chapter also suggests the implications of this study for policy, practice, and future research.

CHAPTER 2

REVIEW OF LITERATURE

Conceptualization of Elder Mistreatment

The first recognition of elder mistreatment was made in British literature in the mid-1970s and was commonly referred to as “granny battering” (Baker, 1975; Ogg & Munn-Giddings, 1993). So far, various terms have been used to describe abused, neglected, and exploited elders including battered elder syndrome, maltreatment of the elderly, and elder abuse/neglect (Block & Sinnott, 1979a; Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997a; Wolf, Godkin, & Pillemer, 1986). The National Research Council recommended “elder mistreatment” for organizing the subcategories of this phenomenon (Bonnie & Wallace, 2003).

In the U.S., the 1987 Amendment to the Older Americans Act recognized physical abuse, neglect, and exploitation (Cowen & Cowen, 2001). All 50 states enacted legislation and some states passed laws that provide explicit criminal penalties for certain types of elder mistreatment (National Center on Elder Abuse [NCEA], 2005). However, there were significant differences among states in both defining elder mistreatment and categorizing elder mistreatment legislation (Anetzberger, 2005; Cowen & Cowen, 2001). The National Center on Elder Abuse identified specific definitions for physical abuse, sexual abuse, emotional abuse, financial/material exploitation, neglect, abandonment, and

self-neglect after analyzing state and federal definitions of elder mistreatment in law (Tatara, Kuzmeskus, & Duckhorn, 1999; p.1):

- Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment.
- Sexual abuse is defined as nonconsensual sexual contact of any kind with an elderly person.
- Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts.
- Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder.
- Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.
- Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property, or assets.
- Self-neglect is characterized as the behavior of an elderly person that threatens his/her own health or safety.

In addition, all elder mistreatment definitions addressed in the literature included physical abuse and most also included psychological abuse, financial exploitation, and neglect. However, these subtypes were differently defined or used in research. For example, psychological abuse was sometimes referenced as verbal or emotional abuse (Podnieks, 1992; Wetzels & Greve, 1996). Some studies did not include financial exploitation (Pillemer & Finkelhor, 1988) and psychological abuse (Sengstock, Hwalek,

& Petrone, 1989). In other studies, definitions incorporated sexual assault under physical abuse (Benbow & Haddad, 1993) and abandonment under neglect. Some subtypes were examined separately, such as “passive neglect” and “active neglect” (Johnson, 1995; Kosberg, Lowenstein, Garcia, & Biggs, 2003), “physical neglect” and “psychological neglect” (Jang, Malley-Morrison, & Mills, 1999), and “financial abuse” and “violation of rights” (Anetzberger, 2005). Furthermore, there was no universal consensus on a definition or set of forms (categories) for elder mistreatment. As an attempt to achieve an internationally valid definition, the World Health Organization (WHO) and International Network for the Prevention of Elder Abuse adopted the definition developed by the United Kingdom’s Action on Elder Abuse (Action on Elder Abuse, 1995; Wolf, Daichman, & Bennett, 2002). This definition states that: “Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person (Wolf et al., 2002; p.126-127).”

However, one study found differences in the definitions of elder mistreatment as well as differences in the level of concern and awareness in 10 countries (Australia, Finland, Greece, Hong Kong, Israel, India, Ireland, Norway, Poland, and South Africa) (Kosberg & Garcia, 1995). For example, elder mistreatment included “family disharmony” in Norway (Johns & Hydle, 1995), “elder dumping” in Hong-Kong (Kwan, 1995), and “disrespect” by a daughter-in-law in India (Shah, Veedon, & Vasi, 1995). In Asian cultural norms, leaving an elderly parent or relative in the care of an institutional setting (e.g., nursing home) might be considered elder mistreatment (Chan, 1985). In contrast, forcing caregiving on family members can be considered to be abusive by both

elderly persons and their families in Sweden because care of the elderly is a public responsibility in Sweden (Johansson, 1997). Much research on elder mistreatment throughout the world has adopted the definitions and classifications from U.S., Canadian, and British studies (Kosberg et al., 2003). It may be desirable to develop definitions and classifications along with in-depth understanding of a country's own unique societal norms.

Prevalence and Incidence of Elder Mistreatment

Most estimates of frequency involve prevalence studies. Prevalence of the different types of elder mistreatment varies considerably among the community-based studies (Kleinschmidt, 1997). Several studies reported the 1-year prevalence of elder mistreatment. The first population-based study reported that 9% of older adults aged 57 to 85 across the United States had experienced verbal mistreatment, with 3.5% financial mistreatment and 0.2% physical mistreatment, by a family member (Laumann, Leitsch, & Waite, 2008). Another study also found that 5.2% of older adults aged 60 years or older in the United States experienced financial abuse, with 5.1% potential neglect, 4.6% emotional abuse, 1.6% physical abuse, and 0.6% sexual abuse (Acierno et al., 2010). More recently, a national prevalence study in Ireland reported that 2.2% of older adults aged 65 years or older experienced elder abuse and neglect in the previous 12 months, with 1.3% financial abuse, 1.2% psychological abuse, 0.5% physical abuse, 0.3% neglect, and 0.05% sexual abuse (Naughton et al., 2012). The national Canadian study reported a total prevalence of 4.0%, with 1.4% verbal abuse, 0.4% neglect, 0.5% physical abuse, and 2.5% financial abuse (Podnieks, 1992). Similar rates were found in Amsterdam (Comijs et al., 1998). The overall prevalence rate was 5.6%, with 3.2% for verbal

aggression, 1.2% for physical aggression, 1.4% for financial mistreatment, and 0.2% for neglect. A study of elderly Chinese residing in Hong Kong estimated higher prevalence rates, with 21.4% for overall prevalence, 20.8% for verbal abuse and 2 to 2.5% for physical and social abuse (Yan & Tang, 2001).

In addition, researchers found in all people aged 65+ in a district of Seoul, Korea that 6.3% of participants had experienced any one category of abuse, with 1.9% for physical abuse, 4.1% for financial abuse, 3.6% verbal abuse, 2.4% neglect, and 4.2% psychological abuse in a 1-month time period (Oh, Kim, Martins, & Kim, 2006). Wetzels and Greve (1996) randomly sampled people aged 60+ in Germany and found about 3.4% had experienced physical abuse, 1.3% financial abuse, and 2.7% neglect in the past 4 years, and 0.8% verbal abuse in a 1-year period.

In a recent systematic review of the prevalence of elder mistreatment, only 7 of 49 studies met inclusion criteria that studies should use measures for whose reliability and validity have been assessed (Cooper, Selwood, & Livingston, 2008). Based on the studies using valid and/or reliable measures, Cooper and associates proposed that more than 6% of the older general population, a quarter of vulnerable adults (e.g., cognitively or physically impaired people, people partially dependent on a caregiver), and a third of family caregivers reported being involved in significant abuse. About 16% of long-term care staff also admitted significant psychological abuse. However, only a small proportion (1 to 2%) of elder mistreatment was known to adult protective services (APS). The Boston study also showed that only 1 case in 14 was reported by anyone (Pillemer & Finkelhor, 1988). In the Canadian study, only 1 of 20 financially exploited patients reported this abuse (Podnieks, 1992).

Few incidence studies have been conducted due to a lack of state data systems (Tatara, 1990). Three studies estimated the incidence of elder mistreatment. Pillemer and Finkelhor (1988) reported that 701,000 to 1,093,560 older Americans were victims of elder mistreatment each year. Podnieks (1992) estimated that 98,000 to 137,000 older Canadians were mistreated each year. A National Elder Abuse Incidence Study (NEAIS), which was commissioned by the National Center on Elder Abuse, estimated approximately 449,924 persons, aged 60 and over experienced any types of elder mistreatment in domestic settings in 1996 (NCEA, 1998).

In sum, the estimates of prevalence and incidence of elder mistreatment vary widely, with the overall prevalence rate between 3% to over 20%. Studies indicate that at least two types of elder mistreatment are occurring at the same time (Fisher & Regan, 2006; Fisher, Zink, & Regan, 2011; KEPA, 2007; Post et al., 2010). The most common forms of elder mistreatment are not obvious due to diversity across the studies. In some national studies, psychological abuse (or verbal abuse), and financial abuse have been identified as the most common forms of elder mistreatment followed by physical abuse- possibly reflecting the differences in the setting, the definition, the subtype, the measure, and the target audience as well as cultural variation. For a clear picture of elder mistreatment, it is necessary to use valid and reliable measures.

Victims and Perpetrators of Elder Mistreatment

Among the literature identifying the perpetrators and the victims, family members were the perpetrators in many cases of elder mistreatment (Brownell, Berman, & Salamone, 2000; Godkin, Wolf, & Pillemer, 1989; Lachs et al., 1997a; Lachs et al., 1997b; NCEA, 1998; Otiniano, Herrera, & Teasdale 1998; Pillemer & Finkelhor, 1988;

Podnieks, 1992; Ramsey-Klawnsnik, 1991; Vinton, 1992; Vladescu, Eveleigh, Ploeg, & Patterson, 2000). In several studies, the perpetrator was an adult child more often than a spouse (Brownell et al., 2000; Lachs et al., 1997a; Lachs et al., 1997b; Naughton et al., 2012; NCEA, 1998; Otiniano et al., 1998; Vladescu et al., 2000; Wolf & Pillemer, 1997). According to the National Center on Elder Abuse (1998), the most frequent perpetrators of elderly abuse were adult children (36.7%). The next most likely perpetrators were spouses (12.6%) and other family members (10.8%). Interestingly, people who financially abused the elderly were more likely to be family members, particularly adult children and grandchildren (NCEA, 1998; Quinn, 2000; Rush et al., 2000; Sklar, 2000). A study of one county's APS reports of financial exploitation found that roughly 40% of the perpetrators were the victims' sons or daughters, 20% were other relatives (only 1.5 % were spouses), and 4% were not relatives (Choi, Kulick, & Mayer, 1999).

In contrast, some studies found that spouses were more likely to be a perpetrator than adult children (Pillemer & Finkelhor, 1988; Podnieks, 1992). For example, Pillemer and Finkelhor (1988) reported that 58% of the perpetrators were spouses, while only 24% were adult children. Another study found that spouses were the primary perpetrators of physical abuse, sexual abuse, and chronic verbal abuse (Pittaway & Westhues, 1994). In addition, Wolf and Pillemer (1997) reported that wives were more likely to experience physical abuse by their husbands than their sons. Two studies using data from domestic violence programs also found that 58% to 95% of older women clients were abused by their husbands (Seaver, 1996; Vinton, 1992). More recently, in a telephone survey of nearly 6,000 elderly individuals, 57% of the perpetrators of physical abuse were a partner or a spouse (Acierno et al., 2008).

Regarding gender differences in elder mistreatment, researchers pointed out that the findings were inconclusive, misleading, ambiguous, and contradictory (Crichton, Bond, Harvey, & Ristock, 1999). This problem was attributed to inconsistencies in defining elder mistreatment and methodological faults, such as failure to employ representative samples, failure to control for intervening or mediating factors, and failure to take the victims' subjective experiences into consideration (Crichton et al., 1999; Nerenberg, 2002; Vinton, 1999; Whittaker, 1995). Despite the shortcoming of the research, researchers have drawn conclusions about gender differences in elder mistreatment. One is that men are more likely to be perpetrators and women are more likely to be victims (Crichton et al., 1999; Gorbien & Eisenstein, 2005; NCEA, 1998). Elder sexual abuse victims were overwhelmingly female and perpetrators were, more generally, male (Ramsey-Klawnsnik, 1991; Teasteret & Roberto, 2004). In addition, several studies found that sons were more abusive than daughters (Crichton et al., 1999; Greenberg, McKibben, & Raymond, 1990; Lachs et al., 1997a; Pillemer & Finkelhor, 1988; Wolf & Pillemer, 1997; Vinton, 1992). However, a few studies found that women were the perpetrators slightly more often than men (Anetzberger, 1998; Dunlop et al., 2000). This is not surprising, as most primary caregiving is provided by women.

Risk Factors of Elder Mistreatment

Many researchers have analyzed risk factors with different conceptual/theoretical frameworks. As an example, two major clusters—characteristics of the individual (e.g., personal, environmental, situational, and cultural) and characteristics of the system (e.g., funding, services, and policies)—were considered to explain many factors that contribute to the vulnerability connected to elder mistreatment (Anetzberger, 1990). Several

researchers also identified risk factors based on three clusters—characteristics of victims, characteristics of perpetrators and the milieu of abuse (Kosberg & Nahmiash, 1996; Lachs & Pillemer, 1995; Reis & Nahmiash, 1998). These characteristics are discussed below.

Victim Risk Factors

A study investigated 1,017 of Iowa's frailest elders and revealed that elder mistreatment was associated with elders' depression, low-social provisions, more emergency room visits, being alone, and not having enough money (Buri, Daly, Hartz, & Jogerst, 2006). Cooper and associates (2006) interviewed nearly 4,000 older adults who were aged 65+ and receiving health or social care services in 11 European countries. They found that screening positive for elder mistreatment was associated with cognitive impairment, depression, and delusions, resisting care, feeling pressure, expressing conflict with family or friends, receiving less informal service, and living in Italy or Germany. Another study also identified age, race, poverty, functional disability, cognitive impairment, and the onset of new cognitive impairment (Lachs et al., 1997a). Recently, Naughton and associates (2012) interviewed community-dwelling older people in Ireland and reported that lower income, impaired physical/mental health, and poor social support were associated with a higher risk of elder mistreatment. A study on elder mistreatment by paid caregivers in long-term care found that physical functioning problems, limited activities of daily living, and behavioral problems were significant risk factors for multiple types of abuse (Post et al., 2010).

One study also identified risk factors for each subtype of elder mistreatment (Comijs et al., 1998). Emotional/verbal abuse was associated with an elder living together

with a partner or others and having poor or bad health. Physical abuse was associated with an elder living together with a partner or others and having depressive symptoms. Finally, financial exploitation was associated with being male, living alone, being partially dependent on others for instrumental activities of daily living, and having depressive symptoms.

However, there are still arguments about the effects of age, gender, living arrangement, or dependence on a caregiver as risk factors. Studies in the 1970s and 1980s reported that older women were the most common victims of elder mistreatment (Wyandt, 2004), but other studies found no gender-related differences (Lachs, Berkman, Fulmer, & Horwitz, 1994; Pillemer & Finkelhor, 1988; Podnieks, 1992). Although several studies have found that living with someone increases the risk of elder mistreatment (Comijs et al., 1998; Lachs & Pillemer, 1995; Pillemer & Finkelhor, 1988; Podnieks, 1992), other studies suggested that living alone or being alone a lot increases the risk of elder mistreatment (Buri et al., 2006; Cupitt, 1997). Two studies identified the association between age and elder mistreatment, with the largest portion of abuse occurring among those in the 76- to 80-year category (Cupitt, 1997) or older (Lachs et al., 1994). Moreover, the popular notion that a frail and excessively dependent elderly person leads to elder mistreatment by a caregiver was not supported by the research (Kleinschmidt, 1997; Pillemer & Finkelhor, 1989; Reis & Nahmiash, 1997, 1998). In contrast, the perpetrators were dependent on the victims in some ways (e.g., financial and emotional dependency) (Kleinschmidt, 1997; Pillemer & Finkelhor, 1989; Wolf & Pillemer, 1997).

Perpetrator Risk Factors

Lachs and Pillemer (1995) found eight prominent risk factors from the literature and identified four characteristics of perpetrators: substance abuse problems, mental illness, dependence on the elderly person, and a history of violence or antisocial behavior outside the family. Reis and Nahmiash (1998) also identified perpetrator risk factors including substance abuse, mental health disorders and behavioral problems, poor interpersonal relations, mental or family conflict, inexperience or reluctance to perform the caregiving role, lack of empathy or understanding for the care recipient, and financial dependence on the victim.

In addition, one study reported that heavy alcohol consumption, past child abuse experience by fathers, and having higher conflict and depression scores were more likely to lead to physical abuse of older adults, while having higher anxiety scores were more likely to lead to neglect (Reay & Browne, 2001). Another study also reported that alcohol consumption by the caregiver was the most significant risk factor and neglect was particularly associated with social dysfunction in caregivers (Homer & Gilleard, 1990). Some studies identified the perpetrators' stresses, such as caregiving stress (e.g., increasing care needs, care for an unwanted elder), loss of job, low income, and employment problem (Jones, Holstege, & Holstege, 1997; Naughton et al., 2012).

Other Risk Factors

Elder mistreatment is also influenced by broader cultural and social factors. One study identified characteristics for the milieu of abuse, such as financial problems, family disharmony, ageism, sexism, or attitude toward violence (Kosberg & Nahmiash, 1996). Comijs and associates (1998) found that verbal and physical aggression was the result of

an argument, tension, or jealousy. Similarly, a national study in South Korea reported that the major factor of elder mistreatment was family conflict including personal conflict between perpetrator and victim (KEPA, 2007). Researchers also presented that cultural and ethnic diversity was associated with the frequency, severity, duration, and intentionality of the abuse (Jones et al., 1997). Interestingly, one study compared 99 counties in Iowa to analyze the relationship between elder mistreatment rates and community characteristics (Jogerst, Dawson, Hartz, Ely, & Schweitzer, 2000). Community characteristics were associated with rates of reported or substantiated elder mistreatment and included population density, children in poverty, and reported child abuse. Although there were several social and cultural contexts that contributed to elder mistreatment, it was not clear that these contexts were causes in themselves.

Many different factors including personal, social, and cultural factors contribute to the occurrence of elder mistreatment. It is clear that any single case will not be explained by a single risk factor or a single theory. Thus, it is important to systematically analyze the causes of elder mistreatment and determine distinctive conditions for elder mistreatment.

Effects of Elder Mistreatment

Anetzberger (2005) presented that certain commonalities shared by victims were evidenced in the effects of elder mistreatment on victims (although elder mistreatment situations had their own origins and dynamics) reflecting the individual's background, personality, and circumstances. The consequences of elder mistreatment included a wide range of psychological impacts (e.g., emotional distress, depression, anxiety, fear, thoughts of suicide/self-harm, loss of self-esteem), behavioral impacts (e.g., anger,

helplessness, reduced coping), social impacts (e.g., dependence, social isolation, withdrawal, poverty), and more obvious physical impacts (e.g., burns, injuries, unexplained sexually transmitted diseases, recurring headaches).

Little research has been done on the consequences of elder mistreatment, as compared with prevalence/incidence and risk factor studies. Comijs and associates (1998) examined the 1-year prevalence of elder mistreatment in a community-based sample and asked the victims again about the background and consequences of the abuse in a follow-up study 1 year later. Most victims reported emotional reactions, such as anger, disappointment, or grief immediately after the abuse. Specifically, 7 out of 43 victims of verbal and physical aggression responded aggressively themselves. Five of 14 victims of physical aggression reported being scared, with 3 victims reporting bruises. Two of 22 victims of financial mistreatment reported loss of considerable property or money. Some studies reported that abused elderly women were more likely to self-report problematic health conditions than those who were not abused (Fisher & Regan, 2006; Fisher et al., 2011). Particularly, women who experienced psychological abuse were more likely to report bone or joint problems, digestive problems, depression or anxiety, chronic pain, and high blood pressure or heart problems (Fisher & Regan, 2006).

Several studies indicated that elder mistreatment had negative effects on the victims' psychological health (Chen, Bell, Dolinsky, Doyle, & Dunn, 1981; Le, 1997; Mouton, Rodabough, Rovi, Brzyski, & Katerndahl, 2010; Pillemer & Prescott, 1989; Yan & Tang, 2001). For example, Pillemer and Prescott (1989) reported that the victims of physical, chronic verbal aggression, and neglect were significantly more depressed than nonvictims when controlling for age, health, gender, and marital status. Yan and his

colleagues (2001) revealed that elderly who were abused by their caregivers, compared with nonabused elderly, reported significantly more psychological distress, including somatic complaints, anxiety, depression, and social inappropriateness. Similarly, another study found that the victims had significantly higher levels of psychological distress than nonvictims. Also, the victims who received more social support showed less psychological distress (Comijs et al., 1999). In addition, researchers examined elderly women aged 55+ who had been patients in psychiatric facilities (Osgood & Manetta, 2000). They found that women who had attempted or thought about suicide were significantly more likely to have been victimized by child abuse, rape, or battering than women without such suicidal issues.

Responses to and Reporting of Elder Mistreatment

Although elder mistreatment has come to be recognized as a serious social health problem and has occurred as frequently as other types of intrafamily violence, the issues related to the identification of elder mistreatment, such as reporting, detection, responding, or taking action are still underdeveloped. Over the last 2 decades, many studies have brought up the problem of underemphasizing, underreporting, or underdiagnosis, and argued that these conditions make elder abuse a hidden problem in the community. For example, one study noted a reporting rate of only 1 out of 6 cases (Salend, Kane, Satz, & Pynoos, 1984). Another study revealed that the overall reporting rate of financial exploitation was only 1 in 25 cases (Wasik, 2000). A systematic review also reported that less than 1% of older people who experienced elder mistreatment were reported to the Adult Protective Services (APS) (Cooper et al., 2008). Consequently, it is

possible to assume that the reported cases of elder mistreatment are only a fraction, and many cases are still occurring behind closed doors.

There are several barriers to limiting the reporting of and responding to elder abuse. A national study identified three main barriers (Mowlam, Tennant, Dixon, & McCreadie, 2007; p. 33-37): (1) older people's personal circumstances, such as low self-confidence and self-esteem, experience of bereavement, physical frailty, and a perception that elder mistreatment is not serious problem; (2) older people's concerns about the consequences of taking action, which include fear of isolation, fear of being blamed, fear of being seen to be "making a fuss," embarrassment and shame, fear of exacerbating the abuse, and concerns about the health and wellbeing of the perpetrator; and (3) older people's understanding of the role of services, which include not knowing where to go for help, not knowing whether it is appropriate to report their experience to the police or service providers, and perceptions about agencies' abilities to take effective action on their behalf.

Some studies have identified elderly victims' concern about being removed from their home, losing caregivers, and being institutionalized as some of the possible consequences of reporting elder abuse (Cassell, 1989; Daniels, Baumhover, & Clark-Daniels, 1989; Kleinschmidt, 1997; Penhale, 1993). In addition, researchers found that 25% of assisted living residents had poor awareness of elder support services, and that 54% of them were able to identify abusive situations, but they had difficulty in handling the abusive situations (Wood & Stephens, 2003).

The majority of states in the U.S. and other countries require health care professionals and social service providers to report suspected cases of elder mistreatment.

Family members, friends/neighborhood residents, and other anonymous persons were not mandatory reporters but they were encouraged to report suspected cases of elder mistreatment. In a national study, 22.5% of all domestic elder mistreatment cases were reported by physicians and health care providers, while private/voluntary service providers reported 15.1% and family members reported 16.3% (Tatara & Kuzmeskus, 1996). However, another study showed that only 2% of cases were reported by physicians, while 5% of cases were reported by law enforcement officials with 25% being reported by social and mental health providers, 26% by nonphysician health care providers, and 41% by people in the community (Rosenblatt, Cho, & Durance, 1996).

Professionals have had difficulty in the reporting and detection of elder mistreatment due to a lack of consensus about elder mistreatment among medical and psychiatric professionals, legislators, researchers, and legal experts (Valentine & Cash, 1986). For instance, the legal experts may emphasize criteria that justify legal intervention, while clinicians may emphasize factors that relate to eligibility criteria for services (Childs, 2000). Lack of awareness of available resources, lack of required training, unfamiliarity with mandatory reporting laws (Rosenblatt et al., 1996), fear of offending patients (Sugg & Inui, 1992), and time constraints (Sugg & Inui, 1992) may also prevent the health care professionals from reporting elder mistreatment (Kleinschmidt, 1997). Moreover, different perceptions between the public and professionals also contribute to the problem (Gebotys, O'Connor, & Mair, 1992; Hudson & Carison, 1999); Hudson et al., 1999).

Theories of Elder Mistreatment

Due to the complexity of elder mistreatment, theories explaining the causes of it have included a wide range of psychological, sociological, and cultural perspectives (Jones et al., 1997). For more than 20 years, the existing literature has generally supported the following theories to explain elder mistreatment: (1) situational theory, which asserts that extreme stress and overburden of caregiving creates a condition for elder mistreatment; (2) exchange theory, which points out reciprocity and dependence between an older adult and the perpetrator; (3) intraindividual dynamics (psychopathology), which addresses that the caregiver who suffers from mental illness and/or addiction puts older adults at risk for elder mistreatment; (4) social learning theory (transgenerational violence), which espouses that violence is learned in childhood and the same pattern is reverted to in adulthood; (5) feminist theory, which focuses on the imbalance of power within the relationships between men and women; and (6) political/economic theories, which claim that structural forces and the marginalization of the elderly within society have created environments that lead to elder mistreatment (Anetzberger, 2005; Bennett, Kingston, & Penhale, 1997; Fulmer, Guadagno, Bitondo dyer, & Connolly, 2004; Wolf, 1997, 2000).

Although theories for elder mistreatment have been discussed in the literature, minimal progress has been made in verifying such theories in the field of elder mistreatment (Fulmer et al., 2004). Researchers have also argued that any single theory or model is insufficient to completely address the issues of elder mistreatment (Bonnie & Wallace, 2003; Cowen & Cowen, 2001; Kosberg et al., 2003). In terms of intrafamily violence, one study identified 15 theories explaining family violence and suggested

theoretical integration in the form of an overall theoretical diagram containing a subsection for each theory (Gelles & Straus, 1979).

Recently, researchers became interested in the ecological model (Bennett et al., 1997; Cowen & Cowen, 2001; Perel-Levin, 2008; Schiamberg & Gans, 1999). The model is derived from Bronfenbrenner's human ecological perspective (1979, 1986).

Bronfenbrenner suggested four levels of environmental systems that can affect human development (Schiamberg & Gans, 1999). The environmental systems included: the microsystem, which is the family as the principal context; the mesosystem, which is the connection between the family and other organizational settings; the exosystem, which includes external environments (e.g., workplace, communities); and the macrosystem, which is values, norms, and culture.

More recently, Kosberg and associates (2003) suggested a multisystemic perspective and explained this framework with three subsystems applied to elder mistreatment. The first subsystem is the physiologic characteristics of the perpetrator and includes gender, perinatal issues, personality, problematic behaviors, and cognitive factors. The second subsystem is the characteristics of the family and includes household composition, living arrangement, role modeling, developing attitudes, family norms, the existence of family conflict, substance abuse by family members, the status of the aged family members, and past experience of domestic violence. The third subsystem is the contextual aspect which includes school or work setting, neighborhoods and communities, social relationships, identity groups, dominant and pervasive formal laws, and informal social norms.

Both the ecological model and a multisystemic perspective focus not only on individuals, the environments, and the social/cultural contexts, but also on the complex interactions between individuals and the environmental systems that affect families. Considering the complexity of elder mistreatment and various risk factors, such a systemic approach can be useful to address the problem of elder mistreatment (Kosberg et al., 2003; Schiamberg & Gans, 1999).

Elder Mistreatment in South Korea

In South Korea, there are a few studies reporting prevalence/incidence of elder mistreatment, but relatively little research has examined risk factors, consequences, or interventions for elder mistreatment (Lee, 2008). The National Human Rights Commission of Korea examined 1,349 elderly Koreans and found that 37.7% of the respondents experienced at least one type of elder mistreatment, including physical abuse (16.6%), emotional abuse (43.8%), neglect (27.8%), and financial exploitation (6.9%) (National Human Rights Commission of Korea, 2003). Another study also found that 30.8% of the participants (770 older adults, aged 65 and older) experienced elder mistreatment, including physical abuse (1.6%), emotional abuse (5.5%), financial exploitation or fiduciary abuse (6.0%), neglect by caregivers (10.0%), and self-neglect (21.6%) (Kwon, 2004).

A 2006 national study of the Korean Ministry of Health and Welfare revealed that 2,274 older adults referred to 18 local KEPAs were abused and an additional 19,092 persons who were not abused received counseling service related to elder mistreatment and/or neglect (KMHW, 2007). Fifty-seven percent of the victims experienced two or more of abusive behaviors. The prevalent types of elder mistreatment were:

verbal/emotional abuse 42.3%; neglect 22.2%; physical abuse 20.9%; financial exploitation 11.3%; self-neglect 1.7%; abandonment 1.2%; and sexual abuse 0.4%. Furthermore, more than 88% of the victims were abused within their families, by their son (55.5%), daughter-in-law (11.8%), daughter (10.4%), or spouse (7.3%). About 55% of the victims reported that they had been abused almost every day or very often for over a year. The major factor of elder abuse was family conflict (49.4%) including personal conflict between abuser and victim. A majority of victims (54.2%) were suffering from physical health issues, such as high blood pressure, diabetes, arthritis, and disability. While most victims experienced physical and more emotional reactions immediately after the abuse, they did not consider seeking help outside the family.

Recently, Bae and Jeong (2007) examined gender differences on the factors of elder mistreatment. The study revealed that elderly women experienced more physical, verbal, and emotional abuse than elderly men. Among elderly female victims, physical abuse by spouses was severer than that by adult children.

Public Policy for Elder Mistreatment in South Korea

Elder mistreatment policy was based on two provisions, which were enacted in July 1997 for the prevention and punishment of domestic violence: the Act on the Punishment of Domestic Violence and the Act for the Prevention and Protection of Victims of Domestic Violence (KMHW, 2004). As an extension of these two provisions, the Older Adult Welfare Law (OAWL), which was established in June 1981, was amended in January 2004.

The 2004 Amendment of the OAWL defined the concept of elder mistreatment as physical/psychological/sexual violence, financial exploitation, cruel behavior or neglect

of the elderly (code 7152, 1-2-3) and established a 24-hour emergency hotline for reporting elder mistreatment, an obligation to report elder mistreatment and the procedures for reporting, licensing standards for older adult protective facilities—Korean Elder Protection Agency (KEPA), and standards for caregiving professionals (KMHW, 2004). In addition, the mandatory reporting system (see Appendix) of elder mistreatment and an implementation manual to guide KEPA's operation were developed (KMHW, 2005). Twenty-five Korea Elder Protection Agencies have been established since August 2004 (KMHW, 2007).

Concerning the obligation to report elder mistreatment, the 2004 OAWL defined a mandatory reporter as health care providers (e.g., medical doctors, dentists, nurses), service providers for the elderly, caregivers of the disabled elderly, domestic violence counselors, and social workers, and then prescribed “these people must report elder mistreatment to Korean Elder Protection Agency or the criminal investigation division when it is recognized (Code 39-6-2).” People who are not specified as a mandatory reporter are also recommended to report elder mistreatment cases (KMHW, 2005).

However, the effect of the law has been questioned because there is no penalty for nonreporting, and the scope of mandatory reporters is restricted to agency workers. Moreover, the legal process to punish the perpetrators is not clearly specified and the process for criminalizing elder mistreatment occurring in institutional settings is not covered under the current laws (Doe, Han, & McCaslin, 2009). Another problem is that people are often suspicious of elder mistreatment, but the law does not prescribe necessary formalities for suspected elder mistreatment cases. For the prevention of and

intervention for elder mistreatment, the legal basis and procedures should be strengthened, as well as emphasizing social responsibility.

Summary

This literature review described the current state of research on elder mistreatment. The results indicated several barriers that should be overcome. First, without a consensus on the concept of elder mistreatment, it may be hard to explicitly address the prevalence/incidence of elder mistreatment. Second, the way people perceive elder mistreatment varies by gender, age, race, social and cultural norms. The issues related to the identification of elder mistreatment, such as understanding, detection, and responding are still underdeveloped. Third, although most victims are female, gender differences in elder mistreatment are still inconclusive and ambiguous. Fourth, risk factors of elder mistreatment have been identified with different theories and conceptual frameworks. A systematic approach is needed to better understand elder mistreatment. Fifth, a lack of research pertaining to associated effects of elder mistreatment exists. In addition, the abused elderly may be unlikely to share their mistreatment experiences because of the relationship between victim and perpetrator, the elder's fear and anxiety, and broader social and cultural factors. Sixth, the majority of elder mistreatment is done either intentionally or unintentionally by family members. However, some mistreatment is done by the victims themselves and some is perpetrated by another person (e.g., friends, service providers, and neighbors). The characteristics of different perpetrators should be studied.

Broadly speaking, the results of the review indicate that empirical research is needed to definitively define elder mistreatment, to create and evaluate prevention

programs, and to address interventions for abused elders. The results also reinforce the need for research based on an in-depth understanding of a country's own unique values and diverse needs. Additionally, the results suggest rigorous research on the prevention of and interventions for elder mistreatment is needed—especially in Asian cultures—a need this study addressed by qualitatively exploring elder mistreatment in the domestic settings of South Korea.

CHAPTER 3

METHODOLOGY

This chapter describes the qualitative secondary analysis methodology, which is used in this study to better understand the nature of elder mistreatment in South Korea. First, the rationale for conducting qualitative secondary analysis to explore this issue is provided. Second, the underpinning paradigm and conceptual framework are identified. Third, the research questions are specified. Fourth, the original research is described. Fifth, the need for the current study is addressed. Sixth, the data collection procedures and the data analysis strategies are defined. Finally, data management and ethical considerations are presented.

Rationale for Qualitative Secondary Analysis

Secondary data analysis means that the researcher reanalyzes the data, which was previously collected by another researcher or organization, to answer the current research question with another purpose. The researcher performing this analysis did not participate in either the research design or the data collection process, and the data may have been collected for research purposes (Boslaugh, 2007). Particularly, qualitative secondary analysis is a useful and powerful technique for extending social work knowledge by using qualitative data sets that contain information that is currently untapped (Greeno &

Singer, 2010). It can also be useful as an exploratory technique in that the results can lead to new ideas or other resources (Nicoll & Beyea, 1999).

Qualitative secondary analysis has been used for a variety of purposes, such as addressing questions not considered in the primary analysis; examining how a different analytic approach might change or develop the conclusions reached from the primary analysis; applying a new perspective to an “old” question; and supporting, validating, or redefining primary analysis (Boslaugh, 2007; Heaton, 2004; McArt & McDougal, 1985; Szabo & Strang, 1997).

At least three distinct types of qualitative secondary analysis have been identified (Heaton, 1998). These include: (1) additional in-depth analysis, which is a more intensive focus on a particular finding or aspect than was undertaken as part of the original work; (2) additional subset analysis, which is a selective focus on a subset of the sample from the original study (or studies), sharing characteristics which warrant further analysis; and (3) new perspective/conceptual focus, which is the retrospective analysis of the whole or part of a data set from a different perspective, to examine concepts which were not central to the original research.

According to Boslaugh (2007), working with secondary data has four major advantages: (1) because someone else has already collected the data, the researcher does not have to devote resources to this phase of research; (2) the researcher can spend the bulk of his/her time analyzing the data because the data are already collected, and frequently cleaned; (3) sample sizes can be large enough to enable the researcher to draw conclusions, especially when using data collected on a national basis; and (4) the data collection process is often informed by expertise and professionalism that may not be

available to smaller research projects. Therefore, secondary data analysis has been steadily used in the fields of epidemiology and public health, which focus on data from the population.

However, some information is not available to the secondary researcher and the particular information that he/she wants to have may not have been collected because the data were collected for another research purpose and questions. In some situations, because the researcher did not participate in generating the data set, he/she does not know exactly how it was done (e.g., how a data set was conceived, generated, or recoded) (Szabo & Strang, 1997). Although there may have been problems or biases in the original research, the researcher does not know how well the data collection was done. The present study addressed these concerns by establishing an effective communication link between the researchers from the secondary and the primary studies.

Paradigms Underpinning the Study

It is necessary to understand the researcher's paradigmatic stance toward inquiry to fully grasp the rationale behind a specific research design (Denzin & Lincoln, 2005). Qualitative secondary analysis depends on the researcher's working knowledge of qualitative research epistemology and methods (Greeno & Singer, 2010).

The present study was founded on interpretivism/constructivism and critical theory (Guba & Lincoln, 1994). The interpretivist/constructivist paradigm takes a relativistic stance. There is no single, tangible reality that can be reduced and approximated; there are only multiple, constructed/coconstructed realities (Ponterotto, 2005). Critical theory is based on historical realism and is concerned in particular with issues of power and justice and the ways that the economy, matters of race, class, and

gender, ideologies, education, and cultural dynamics interact to construct a social system (Kincheloe & McLaren, 2002). Ponterotto (2005) suggests that a critical-ideological paradigm takes a constructivist stance a step further, by “conceptualizing reality and events within power relations and...using the research inquiry to help emancipate oppressed groups” (p.130).

Epistemologically, interpretivism/constructivism and critical theory are based on transactional and subjectivist stances. The only way to acquire knowledge is through our own, individual, belief system. The investigator and the investigated object are interactively and inseparably linked so that the findings are literally created as the investigation proceeds (Guba & Lincoln, 1994). In addition, the investigator’s own values inevitably influence all phases of the research process.

Based on the interpretivist/constructivist and critical inquiry, I placed central importance on how the elderly victims experienced, lived, and displayed the phenomenon and how they were perceived by the actors in a situation. At the same time, I had a unique opportunity to interpret the meaning coconstructed with the practitioners (social workers in KEPAs) and the victims, and also constructed new meaning with my foreknowledge, experience, and values. Since the constructivist approach emphasizes the shift from a simple and single reality to the complex and multiple realities of the individual, I extended the state of elder mistreatment from merely identifying the exigencies of elder mistreatment into an understanding of the complex circumstances of elder mistreatment, such as risk factors, consequences, and the victims’ responses to elder mistreatment. In addition, the current study addressed issues of social, cultural, economic, ethnic, and gender values through gaining new insights and perspectives from the elderly victims

themselves who sadly appeared to take decreased care of themselves—a new norm for their ascribed power and privilege in Asian society.

Conceptual Framework

Based on the literature, it was possible to create a comprehensive conceptual framework for better understanding elder mistreatment in the family as well as for developing effective intervention and prevention strategies. The conceptual framework in this study has four dimensions: 1) risk factors of elder mistreatment, 2) the nature of violence, 3) the effects on victims, and 4) the victims' responses to elder mistreatment.

To identify risk factors of elder mistreatment, I was guided by the initial concepts from the ecological perspective (Bronfenbrenner, 1986). The Bronfenbrenner model suggests four levels of ecological components as a useful framework capturing individuals, families, the environments, and the social/cultural contexts. Applying the ecological perspective helps professionals to deal with the complexity of the problem and also provides a framework for understanding the interrelation and interdependence between the different risk factors (Schiamberg & Gans, 1999). The list of risk factors is extensive in order to address the complex character of elder mistreatment and includes the following: individual characteristics of elderly victims and their perpetrators (microsystem); family characteristics and the relationships between the family and other principal settings (mesosystem); environments that are external to the focal person (exosystem), and social/cultural characteristics (macrosystem).

The nature of violence includes different types of elder mistreatment (e.g., physical, psychological, financial, and sexual abuse; neglect and self-neglect), as well as severity and duration. The effects on elderly victims were considered in the following

aspects: physical, psychological, and social. The responses to elder mistreatment include how the elderly victims dealt with his/her mistreatment and how he/she perceived and reacted to help from outside.

Research Questions

The study addressed the following research questions:

1. What are the characteristics of elder mistreatment in South Korea?
2. How does the elder mistreatment experience affect the victims' lives?
3. How do the victims understand and respond to their mistreatment experiences?
4. How do the victims view professionals, services, and systems designed to protect the elderly?
5. How does elder mistreatment relate to the socioeconomic, cultural, and ethical contexts of South Korea?

Description of the Original Research

As a secondary data analysis, the target population of this study depended highly on the original research. The original research was a “2006 national elder abuse counseling program: The overview of Korean Elder Protection Agency” in Korean, conducted by the Korean Ministry of Health and Welfare and Korean Elder Protection Agency (KEPA) in 2007. It was the second national research study of elder mistreatment conducted after the 2004 Amendment of the Older Adult Welfare Law (OAWL) defined the concept of elder mistreatment and established a legal foundation for providing protective services for abused elderly. The purpose was to analyze the circumstances of

elder mistreatment and the state of elder abuse counseling services provided by the 18 local KEPAs, and to suggest implications for policy and practice development.

The original data set was collected by the 18 local KEPAs between January and December of 2006, and reported to the Korean Ministry of Health and Welfare in the first 3 months of 2007. The Korean Ministry of Health and Welfare analyzed the original data in 2007 and released the results in the first 3 months of 2008. The original data set included both quantitative data (number and percentage) and qualitative data. Basically, the quantitative data were developed from the qualitative data, which was comprised of 2,274 case narratives. The 18 local KEPAs developed the standardized quantitative data set based on the case narratives, and then reported to the Korean Ministry of Health and Welfare. The Korean Ministry of Health and Welfare summed up and analyzed the 18 local KEPAs' quantitative data sets. The quantitative data included a number of elder mistreatment cases, types of elder mistreatment, characteristics of victims and perpetrators, causes of elder mistreatment, and types of intervention services that were provided to the victims and perpetrators.

The case narratives, which were reanalyzed for the current study, were constructed by practitioners through in-depth interviews with victims and observation at their homes. The practitioners had structured questions for case intervention. The case narratives were not audio-recorded—they were handwritten and had an organizational structure which included: the victims' voices—what the victims said during the interviews; the practitioners' voices—what the practitioners observed, felt, and thought; other family members' voices—what they said about the situation; and the perpetrators' voices—what the perpetrator said. Specifically, the case narratives provided rich

information about elder mistreatment, such as information on victims' characteristics, perpetrators' characteristics, the relationship between victim and perpetrator, family environment, abusive behavior, the causes of elder abuse, the consequences of elder abuse, the need for help, and intervention services. Although some text fields were brief, usually around five to ten sentences long, most case narratives included a more detailed text description and some cases also included pictures of the elderly victims.

Need for the Current Study

In sum, the original data set was developed to open up the hidden stories of elder mistreatment to public and academic scrutiny and to suggest implications for current policy and practice through reviewing the annual work of KEPAs (mostly investigating elder abuse cases, counseling, and providing services). In other words, the original data set was intended for the government's policy development purposes, not for academic research purposes.

The original research analyzed a quantitative data set developed from 2,274 case narratives, and introduced some case narratives to demonstrate the severity of elder mistreatment. However, there is a limitation to fully understanding the phenomenon of elder mistreatment in South Korea because the original analysis simply relied on the quantified information. For example, the major factor of elder mistreatment was family conflict (49.4%), including personal conflict between abusers and victims, but there was little information about the reasons for family conflicts, characteristics of family conflicts, and the way family conflicts developed into elder mistreatment. Additionally, the original research did not explain why the elderly victims had not considered seeking help outside the family.

Although rich information for investigation was included in the 2,274 case narratives, no attempt had been made to study the qualitative data set, possibly due to the short history of the policy and/or little interest about the policy and service delivery system. Therefore, it was worthwhile to conduct research that delved deeply into the complexities and processes of elder mistreatment, which is a little-known phenomenon in South Korea.

Data Collection and Procedure

In the original research, the cases reported to the local KEPAs were categorized into either suspected cases, which had doubts about elder mistreatment and neglect, or general cases, in which counseling services were needed for issues related to aging. Suspected cases were then divided into three subcategories based on severity, individual characteristics, family environment, and safety: 1) emergency cases, which included abusive behavior, serious injuries, risk of mortality, and continuous neglect; 2) nonemergency cases in which there was abusive behavior, but the degree of physical, mental, and financial harm was minimal, and it was possible to help elderly persons and their families satisfy their needs through community services; and 3) potential cases in which there was no abusive behavior but there was vulnerability because of existing family conflict, financial problems, and inadequate caregiving. For emergency cases, field investigation needed to be carried out within 12 hours and for nonemergency cases, within 48 hours (KMHW, 2004). The process of the detection of elder mistreatment progressed through counseling with a reporter, discussion within the agency, and visiting a victim's home, as needed. A total of 2,274 cases (representing 1,540 females, 734 males) met the criteria for suspected elder mistreatment (KMHW, 2007).

Inclusion criteria for the current study were based on communications I had with the former director of the Department of Older Adult Welfare and the deputy director of the Division of Planning and Coordination at the Korean Ministry of Health and Welfare. They provided detailed, frank, and critical responses to my questions about the original data set and after carefully considering time, budget, administrative responsibilities, and the amount of accessible information, a decision was made to limit the qualitative secondary analysis to the 49 cases that met the following inclusion criteria:

- **victims aged 65 years or older who consented to share their stories:** the age of 65 is traditionally considered the beginning of old age in Korea because people can retire at this age with full social security benefits;
- **abuse by family members:** this study focused on elder mistreatment that occurred within the family and the original study included very few cases of institutional elder mistreatment;
- **emergency cases:** these cases had a wealth of information including detailed descriptions about abusive behavior, serious injuries, risk of mortality, and continuous neglect;
- **no impairment:** victims should not be cognitively and mentally impaired to obtain more accurate and specific information;
- **termination of intervention:** the cases which were not terminated were on the way to intervention by social workers in KEPAs, so the case narratives were in progress and did not include all information yet.

The 49 cases were made available to me through cooperation of the Korean Ministry of Health and Welfare and the 18 local KEPAs.

Institutional Review Board Approval

The original data set was not collected for research purposes, but for annual inspection of current policy for the purpose of policy improvement; therefore, there was no approval from an institutional review board (IRB). For this study, I submitted an IRB application to the University of Utah Institutional Review Board (IRB) that included the permission letter for use of the original data set from the deputy director of the Division of Planning and Coordination at the Korean Ministry of Health and Welfare. After IRB approval was granted on August 17, 2010, I conducted the qualitative secondary data analysis in accordance with the approved IRB research protocol. This study was also reapproved for extension on July 31, 2011 and August 9, 2012.

Data Analysis

A narrative can be analyzed in many different ways by investigating its different characteristics. One of the possibilities is to look at how the narrative is structured (Whitebrook, 2001). Since participants decide what to tell by his/herself, the participant chooses the events and constructs a particular story by arranging the different events into a particular order. In narrative studies, the fundamental question then is *how* to represent oneself or certain events (Whitebrook, 2001). Another possibility is to look at the themes of the narrative (i.e., what is said) in detail in order to explore the social and/or cultural understandings and connections which shape and enable talk (Taylor, 2003). The present study focuses on the latter possibility.

According to Marshall and Rossman (2006), a typical analytic procedure includes seven phases: a) organizing the data; b) immersion in the data; c) generating categories and themes; d) coding the data; e) offering interpretations through analytic memos; f) searching for alternative understandings; and g) writing the report. Based on the data analysis procedures advanced by Marshall and Rossman (2006), I formulated several steps to systematically analyze the data in Korean.

First, I listed on note cards and/or post-its the data that were gathered, performed some minor editing as needed, and generally cleaned up what seemed overwhelming and unmanageable. I also logged the types of data according to dates, activities (e.g., interview, observation), and places where, and with whom, they were gathered.

Second, I read the case narratives straight through to get a sense of the whole. At this point, I highlighted key passages in the narratives and excluded things like digressions, duplications and other irrelevant material, but their definition was subjective in practice. I also compared my general impression and the suggested conceptual framework. During this step, I immersed myself in the data. I tried to attain immersion by reading and rereading the narratives, highlighting important meaning units, and making notes. Immersion in the data further provided a means for discovering themes and patterns from the body of the text (Marshall & Rossman, 2006), allowing me to become familiar with the data.

Third, I identified categories and themes based on patterns and ideas that emerged from the data in the narratives. This process was a time-consuming stage which involved working through all narratives in turn to: (a) collect numerous illustrative quotes and examples of each existing theme and (b) identify new themes. Many themes were

identified from the first narrative and then, gradually, fewer new themes from each successive narrative were noted. At the end of this process I had an initial list of themes. Then, I refined this list by deleting or combining some themes. Additionally, I made a short definition for each theme and looked for connections between the themes to be able to organize the themes with research questions.

Fourth, I applied a coding scheme to those categories and themes and thoroughly marked passages in the data using the codes. Codes took several forms, such as abbreviations of key words, colored dots, and numbers. Because I did not use software programs for data analysis, I placed differently colored dots and numbers on the narrative texts and underlined passages with differently colored highlighting pens.

Finally, I tried to critically analyze, question, and compare text passages in each theme to achieve a credible, trustworthy, and reasonable result (Guba, 1981). Then, each theme was studied intensively. Text passages in each theme were grouped according to thematic characteristics, and representative statements from the text were used to illustrate the themes.

The data in the present study included not merely the case narratives but also methodologic, thematic, and theoretic memos, and a personal journal. Methodologic and theoretic memos, which were compiled throughout the qualitative secondary analysis, contain information about the research process (Szabo & Strang, 1997). Methodologic memos included documentation of research design, decision process of inclusion criteria, conversation with the investigator of the original research, and outline of data analysis. In thematic memos, I brought together a variety of comments on an emerging theme: the importance of this theme, additional evidence and/or sources of data to support this

theme, and unique or contradictory data. Theoretic memos captured how the theme links to a particular theory and contained ideas about connections within the data and the conceptual framework. For example, the themes describing the causes of elder mistreatment supported the existing theories, such as social learning theory, situational theory, and intraindividual dynamics. Moreover, different themes were connected to explain the process of elder mistreatment and the victims' reactions. Diagrams of analytic thoughts about relationships and patterns flowed from the memos.

Furthermore, in this type of qualitative research activity, the researcher is the research instrument. I could not interpret or analyze the data without locating myself in the whole research process. On a personal level, I have been interested in learning about elder mistreatment and various contexts surrounding the problem. When I was working as a legislative assistant in the National Assembly, I felt that developing a policy and practice guide to deal with this unfortunate problem was difficult because of the conservative cultural background of the East. Additionally, I realized that employing a policy without extensive research and popular interest would be likely to fail, no matter how good it was. As a researcher, I have previously studied gender based violence, mental health, and multicultural family issues. My training as a social worker for the Asian elderly in Seattle fostered an interest in aging issues. My personal experiences and academic interest tied me closely to the present research topic. Elder mistreatment is related to a variety of issues, such as family violence, violence against women, ageism, an aging society, and caregiving responsibility. Much research remains to be done in order to deal effectively with elder mistreatment. Particularly, researchers and educators

need to work hard to deeply understand the intricate contexts surrounding elder mistreatment.

Because of my own experiences, assumptions, and bias, it was critical to maintain a delicate balance between using myself as a research instrument and ensuring my views did not become biased. Because a personal journal is useful for recording ongoing notes related to the role of researcher, as a research tool and as a method of identifying theoretic biases (Szabo & Strang, 1997), I utilized one to document feelings, thoughts, experiences, and any changes that occurred throughout the investigative process. I also described in a personal journal how my personal characteristics, feelings, and biases may have influenced the work, how I tried to manage them to the extent possible, and how I interacted with the cases. In this way, personal preconceptions, values, and beliefs were documented for incorporation into the analysis.

To increase the “truth” value of the study and the consistency of study conclusions, I worked with a doctoral student, who was not connected with the current study, to review the primary documents and coding schemes. Specifically, she verified the themes and the codes I had developed and assessed my interpretation of the data, the findings, and conclusions. In addition, I carefully attended to issues of translation because the case narratives were typed in Korean. During the data analysis, my coworker and I used Korean to better understand and not to miss important meanings in the case narratives. I also employed an undergraduate student who is bilingual, bicultural, and skilled in Korean. Translation requires care because of its potential to misrepresent meaning (Twinn, 1997). The student had extensive experience translating for Korean communities (e.g., churches, associations) in Salt Lake City, Utah. The student translated

the case narrative texts into English before the final writing step. As a Korean speaker, I verified the accuracy of the English transcripts with the Korean case narrative texts.

Ethical Considerations

When conducting qualitative research, it is imperative that ethical considerations regarding data management are addressed to protect the rights and privacy of study participants (Morrow, 2005). Participant consent and achieving agreement between the secondary and primary researchers are two key ethical issues to be considered in secondary analysis (Szabo & Strang, 1997). In relation to the first issue, the practitioners in KEPAs were mindful of the possibility of a secondary analysis and made provision for this. Because the investigative process in the original research was undertaken to ensure the physical and psychological safety and confidentiality of the victims, the issue related to participant consent was relatively simple and straightforward. The practitioners explained the function of the KEPAs and how it could help the victims, and after acquiring verbal consent to share the victims' experiences with the government and professionals, the victims were asked to disclose personal and emotionally salient information related to their experiences.

I also developed agreement about the present study through communications with the former director of the Department of Older Adult Welfare and the deputy director of the Division of Planning and Coordination at the Korean Ministry of Health and Welfare. When I visited South Korea in summer 2008, we outlined the rights, responsibilities, and obligations of the secondary analysis. Because the Korean Ministry of Health and Welfare has the rights to the original research and data, I asked the deputy director to select case narratives which met the participant selection criteria and received a copy of

the selected case narratives via international mail. I also received a permission letter to use the selected case narratives. As the principal investigator, I had responsibility for analyzing data, writing results, and presenting the findings. I continuously collaborated with the department of Older Adult Welfare at the Korean Ministry of Health and Welfare for better study results. The findings of the present study will be used to improve current policy.

CHAPTER 4

RESULTS

This chapter presents the results of data analysis. First, descriptive information is introduced to support general understanding about the data. Second, research questions and themes are specified. Third, stories of elder mistreatment are described. Fourth, all themes and subthemes of the results separated by research questions are described and interpreted.

Descriptive Information

For the demographic information, 49 case narratives were analyzed using quantitative methods. Table 1 presents the victims' gender, age, and living arrangement. Seventy-one percent of the victims were female and 29% were male. On average, the victims were 74 years old ($SD= 6.3$): 62% of the victims were 65-75 years old, 27% were 76-85 years old, and 11% were 86 years old or more. For the victims' living arrangement, 76% currently lived with the perpetrators, 18% lived alone, and 6% lived alone but resided in the same building as the perpetrators.

Table 2 shows perpetrators, reporters, the types of elder mistreatment, and the period of elder mistreatment. Almost 94% of the victims were abused by their adult children, with 2% abused by grandchildren and 4% abused by husbands.

Table 1
Descriptive Information of Cases ($N=49$)¹: Part1

| Victims' Characteristics | | N (%) |
|--|--|----------|
| Gender | Female | 40 (71%) |
| | Male | 16 (29%) |
| Age 74 yrs on average ($SD=6.3$) | 65-75 | 35 (62%) |
| | 76-85 | 15 (27%) |
| | 86 and over | 6 (11%) |
| Living arrangement | Living with perpetrator | 37 (76%) |
| | Living alone | 9 (18%) |
| | Living alone but perpetrator is living in the same building | 3 (6%) |
| | | |

Among the victims abused by adult children, 50% were abused by sons, with 28% abused by both sons and daughters-in-law, 15% were abused by both sons and daughters, and 7% were abused only by daughters. About 33% of the victims were reported by mandatory reporters such as social workers, polices, doctors, nurses, and service providers; however, 29% indicated that they, themselves, reported, 22% were reported by neighbors and 16% were reported by family members who were not perpetrators. The incidence of the different types of elder mistreatment was: emotional/verbal abuse 40.4%, physical abuse 27%, neglect 15%, financial abuse 13.4%, and self-neglect 4.4%. More than 73% of the victims experienced two or more abusive behaviors. The majority of victims (94%) had been abused for a year or more, and 28% among them had been abused for over 5 years.

¹ Sample size is different in gender and age ($N=56$). Changing sample size reflects duplicated data. For example, some cases include both the elderly man and woman.

Table 2
Descriptive Information of Cases (*N*=49): Part2

| Characteristics | | N (%) |
|------------------------------------|---------------------------|------------|
| Perpetrators | Adult Children | 46 (94%) |
| | - Son | 23 |
| | - Daughter | 3 |
| | - Son and daughter | 7 |
| | - Son and daughter-in-law | 13 |
| | Grandchildren | 1 (2%) |
| | Husband | 2 (4%) |
| Reporters | Victim | 14 (29%) |
| | Family members | 8 (16%) |
| | Neighbors | 11 (22%) |
| | Mandatory reporters | 16 (33%) |
| Types of mistreatment ² | Physical abuse | 24 (27%) |
| | Emotional/verbal abuse | 36 (40.4%) |
| | Financial abuse | 12 (13.4%) |
| | Neglect | 13 (15%) |
| | Self-neglect | 4 (4.4%) |
| Period of violence | Less than 1 year | 3 (6%) |
| | 1 year or more | 46 (94%) |
| | - Over 5 years | 13 |

² Changing sample size reflects duplicated data. For example, many cases include two or more types of elder mistreatment.

Overview of Themes and Subthemes

I read 49 case narratives straight through to get a sense of the whole and highlighted key passages and excluded irrelevant material. During repeated reading, I worked through all narratives in turn to find patterns and ideas that emerged from the data in the narratives, while highlighting important meaning units and collecting numerous illustrative quotes. Many themes were identified from the first narrative and then, gradually, fewer new themes from each successive narrative were noted. At the end of this process I refined the list of themes by deleting or combining some themes. In addition, I made a short definition for each theme and looked for relationships between the themes to organize the themes with research questions. Through this time-consuming process, I identified 10 themes including 19 subthemes.

This is an overview of themes and subthemes for each research question (Table 3). The first research question was “What are the characteristics of elder mistreatment in South Korea?” Under the question, there were two themes: causes of elder mistreatment and characteristics of violence. Causes of elder mistreatment included perpetrator determinants, family relationships, transgenerational violence, and caregiving stresses. Characteristics of violence included living arrangements and mistreatment types, severity of elder mistreatment, and elder mistreatment and family violence.

The second research question was “How does the elder mistreatment experience affect the victim’s lives?” There were two themes: damaged personal functioning and broken family relationships. Damaged personal functioning included physical functioning, psychological functioning, and social functioning.

Table 3
Summary of Themes and Subthemes

| Research Question | Themes and Subthemes |
|---|---|
| 1. What are the characteristics of elder mistreatment in South Korea? | <ol style="list-style-type: none"> 1. Causes of elder mistreatment <ol style="list-style-type: none"> 1-1. Perpetrator determinants 1-2. Family relationship 1-3. Transgenerational violence 1-4. Caregiving stress 2. Characteristics of violence <ol style="list-style-type: none"> 2-1. Living arrangements and mistreatment types 2-2. Severity of elder mistreatment 2-3. Elder mistreatment and family violence |
| 2. How does elder mistreatment experience affect the victims' lives? | <ol style="list-style-type: none"> 1. Damaged personal functioning <ol style="list-style-type: none"> 1-1. Physical functioning 1-2. Psychological functioning 1-3. Social functioning 2. Broken family relationships |
| 3. How do the victims understand and respond to their mistreatment experiences? | <ol style="list-style-type: none"> 1. Reaction to elder mistreatment <ol style="list-style-type: none"> 1-1. Accepting elder mistreatment 1-2. Hiding elder mistreatment 1-3. Rejecting elder mistreatment |
| 4. How do the victims view professionals, services, and systems designed to help them and protect elder mistreatment? | <ol style="list-style-type: none"> 1. Positive perception of public services 2. Dependence upon public support |
| 5. How does elder mistreatment relate to the social/economic, cultural, and ethical context in South Korea? | <ol style="list-style-type: none"> 1. Changing social/economic situation <ol style="list-style-type: none"> 1-1. 1997-98 financial crisis in South Korea 1-2. Aging society issues 2. Family responsibility <ol style="list-style-type: none"> 2-1. Filial piety 2-2. Adult children become dependent 3. Ethical dilemma <ol style="list-style-type: none"> 3-1. Family honor 3-2. We are a family related by blood |

The third research question was “How do the victims understand and respond to their mistreatment experience?” There was one major theme: reaction to elder mistreatment and several subthemes: accepting elder mistreatment, hiding elder mistreatment, and rejecting elder mistreatment.

The fourth research question was “How do the victims view professionals, services, and systems designed to help them and protect the elderly?” The results that address this question included the following two themes: positive perception of public services and dependence upon public support.

The last question was “How does elder mistreatment relate to socioeconomic, cultural, and ethical contexts in South Korea?” There were three themes: the changing socioeconomic situation, family responsibility, and ethical dilemma. The changing socioeconomic situation included 1997-98 financial crisis in South Korea and aging society issues. Family responsibility, in the aspect of mutual dependency, included filial piety and “adult children become dependent”. Under the ethical dilemma, there were two subthemes: family honor and the universal complaint—“we are a family related by blood”.

Stories

The following stories were excerpted from case narratives to portray both themes and subthemes. The stories describe different types of elder mistreatment, the specific situations in which elder mistreatment occurred, and how seriously the abuse was. It may help to outline the process of elder mistreatment and understand the themes and subthemes, which are described in detail in the following.

Story #1

A 71-year-old grandma's husband died 5 years ago and she is now living with her first son's family. The son's family owns a restaurant and the grandma does the household chores for them. When the grandma would tell her daughter-in-law that she was tired from doing household chores, the daughter-in-law would often yell, "You get tired just from doing that? I'll do the chores and you go out and work at the restaurant." From time to time, the grandma would go out to help with the restaurant work, but the daughter-in-law would yell at her to just go home and tell her that she gets in the way. Often the grandma eats her meal uncomfortably because her daughter-in-law yells at her almost every day. When the grandma couldn't do the dishes because she had a headache, when her daughter-in-law got home from work and saw the pile of dishes, she yelled at the grandma, saying that she was pretending to be sick so she wouldn't have to do the housework.

Story #2

At the scene of the incident, there was a 90-year-old grandma lying down curled up in a ball, on the cold ground at a senior citizen center. The grandma had a bruise on one side of her chin, a scratch on her face, and lots of pain relief patches on her shoulders because her son physically abused her. The grandma's face and lips were pale and she kept repeating that she wanted to go to the facilities. Her physical condition required emergency aid rather than just temporary protection. Since the grandma was already worn out, she was immediately hospitalized and was first handled with care and got physical therapy. Her son, who is the perpetrator, has a vicious personality and has been living with his mother for 10 years, verbally and physically abusing her. Three days previous to the reporting, the son threw an object at his mother, leaving a scratch on her face. The grandma couldn't move anymore so she spent her days lying down and later when she had the ability to move, she packed up her clothes and her emergency funds and left the house. She spent a night at the senior citizen center and when a staff member at the senior citizen center saw her condition, he/she immediately notified the police.

Story#3

A grandpa is living by himself because his wife died of cancer 6 years previously. He used up all his savings to pay for her hospital fees and is now living in hard conditions. Since the death of his wife, his son and daughter don't contact him anymore and don't even visit him during the holidays. Not too long ago, his daughter divorced and disappeared so the grandpa adopted her child, a 12-year-old girl. Because of his poor living conditions, it was hard for him to raise his granddaughter so he tried to send her back to his daughter but she was nowhere to be found. The grandpa felt bad about his granddaughter, so he borrowed 4 million won from his brother and rented a two-bedroom apartment and used the rest of the money to nurture her. The disappearing daughter then contacted her child and asked her to take the grandpa's check card out of his wallet and bring it to her. The child did so and her mother took 1.5 million out of his bank account. But before she disappeared with his money she promised her child that she would come and get her the next day.... According to the granddaughter, the run-away daughter lured her child by saying that she could come live with her mother if she took the check card from the grandfather's wallet and that's why she took the card and gave it to her mother.

Causes of Elder Mistreatment

Many different factors contribute to the occurrence of elder mistreatment. This study identified four major factors—perpetrator determinants, family relationship, caregiving stress, and transgenerational violence—that contributed to elder mistreatment, both individually, and in combination, in any single case. The following story shows how different factors combined and contributed to elder mistreatment phenomenon. The

perpetrator's alcohol addiction was the primary cause of violence toward his elder mother and his brother, but he was exposed to family violence, alcohol addiction, and poor family relationship during his childhood. These experiences also made him tolerant to the habitual consumption of alcohol and abusive behavior in the family. The victim said:

My son rarely eats his meal but drinks every day. He can't live without alcohol. He would always hit me and his younger sibling and he tells me to die fast.... (Sobs) And this summer, he stabbed his young one with a weapon because he was himself drunk. Luckily, the injury didn't affect the young one's life but it left a scar on his right leg. This is all because of my dead husband. My husband had no interest in family, so he was always drunk and would always sleep out.... He often swore and used violence on his oldest son and me. Growing up with a drunken and abusive father for 10 years, what else could my son possibly learn from his childhood other than that violence is a valid way to achieve one's goals?

Perpetrator Determinants

In most cases, the perpetrator was an adult child living with the victim. Therefore, it is quite reasonable for social workers to try to discover the perpetrator's problems in advance. Based on the ecological perspective, perpetrator determinants included both a microsystem—flawed psychological development, substance abuse, and behavioral problems and an exosystem, financial difficulties (unemployment, limited resources) and social isolation.

The perpetrators who were suffering from serious psychological problems and disorders did not recognize their threatening and/or aggressive behavior. These unintentional mistreatments were often exhibited during daily activities with their elderly parents. As the perpetrators had suffered from serious mental illness and had long clinical histories, their abusive behaviors were uncontrollable.

The following story tells us about the relationship between an adult child's mental illness and elder mistreatment. The social worker said:

The victim's daughter has the worst case of schizophrenia and auditory hallucinations. According to the victim, her daughter started to talk to herself and acted like she was possessed by a ghost a year ago. But 4-5 months ago, the symptoms were getting worse and her daughter wouldn't even let her mother into the house. If her mother came into the house, she would come out of her room and grab onto her mother's hair and throw her down to the floor and then she would also throw the furniture to destroy it. She always yells and doesn't eat anything except water. However, elderly parents tend to accept the perpetrators' abusive behaviors as inevitable due to damaged psychological development. Rather, these elderly parents often described the perpetrators as "my poor child".

In the case of substance abuse (e.g., addiction to alcohol and/or drugs), many perpetrators were suffering from financial difficulties and lack of social support, and they also had problematic behaviors. The following is a common story. An adult son was seriously addicted to drinking because of unemployment and poor social networking. He abused his mother verbally and physically while drunk and in a moment of anger. Through drinking and violence, he wanted to escape from his aversion to his current personal situation and society. Interestingly, these types of perpetrators do not usually abuse their parents—and even regretted their abusive behaviors—when they are not drinking. As an example, a 40-year-old man (the perpetrator) said, "I started to drink because of my failed business. I tried several times to find a job but I was unsuccessful. I didn't have a lot of money so I was stressed...didn't want to live...I felt like I was thrown away from society. Alcohol was my only friend. If I drink, there's nothing to be scared of. I know that I did something wrong...I regret...." His 73-year-old mother (the victim) said, "Whenever he drinks he turns into an animal.... He's not a human-being...I'm scared to death. When he's not drunk, he becomes a normal person. He listens to me well and sometimes he even helps with the house chores...."

In other cases, the perpetrators have been addicted to alcohol for a long time, and were more likely to show hard and repeated abusive behaviors regardless of their

drinking. They were unemployed and isolated from the community due to their alcohol addiction. In addition, these perpetrators had low-social adaptability and tended to spend most of their time with their elderly parents at home. Thus, their elderly parents were more likely to remain in danger of elder mistreatment.

In the case of drug addiction, even though there were only a small number of cases, the perpetrators had serious behavioral problems, such as hyperactivity, and aggressive and disruptive behavior. They mistreated their parents to make money for drugs and sometimes mistreated them. Often the victims had lost their ability to judge their adult children's behavior. For example, a 74 year-old male victim stated:

I had no idea that my son smoked marijuana and enjoyed gambling. After going to work for a year, he fell into a lot of debt. He was imprisoned for about 2 years. From that time on, he refused to work and used money out of living expenses. I'm not sure but I think he still smokes marijuana. He threatens me if I don't give him money. Once, he used twisted tissues to strangle my neck and stabbed his wife's arm with an umbrella. When my other children give me money, he would steal it and use it for alcohol, drugs, etc....

Moreover, elder mistreatment often occurred because of the conflict about the treatment in order to stop drug use. A social worker commented, "Sometimes, drug addiction causes elder abuses. Parents worry about their children's future so they try to give them a treatment. But their children often refuse the treatment and through the process the child becomes more violent and ends up abusing their own parents."

In sum, for perpetrators with high dependency on alcohol and/or drugs, it may be easy to lose the ability to make sound judgments about anything. They are more likely to show behavioral problems inside and/or outside the family. Considering the perpetrators' criminal records, their abusive behaviors are much more serious than other cases.

Therefore, elder mistreatment by adult children who are suffering from substance abuse is, in most cases, categorized as belonging to emergency cases.

Family Relationship

Family relationships, as a mesosystem that contribute to an abusive environment, included the parent-child relationship, sibling relationship, and daughter-in-law-elderly parent-in-law relationship. In Korean society, the concept of family has dictated the parent-child relationship above all else. Children are expected to obey and engage with their parents in a respectable manner. Parents are expected to raise their children properly and educate them with moral/ethical values. The parent-child relationship can become unstable if there is a failure to perform the parental duties because of divorce or parents living separately—it is possible the children miss opportunities to learn a righteous notion of family and family members' roles. The story below shows how a past negative parent-child relationship contributed to elder mistreatment when the child became a caregiver. The perpetrator was suffering from the memory of his father's neglect and could not accept, in his heart, that he should now take care of his father. The perpetrator's internal stress and frustration created the potential for mistreatment. The perpetrator said:

In my memory, I have no father. How many weeks does he stay out of a year? No days? Our mom raised us by herself. We heard a rumor that our father was having an affair with another lady. He has done nothing for us. When he was old and sick, he came looking for us.

The social worker said, “The second son (perpetrator) would swear, yell, and use weapons to threaten the victim at least twice a week. The resentment and antipathy towards the victim's dissipated life is unfathomable.”

Another relationship related to elder mistreatment is the sibling relationship in the family, such as son and daughter, first son (or the oldest son) and second son, and daughter and daughter. In most cases, elder mistreatment caused by conflict among adult children was financial abuse and/or neglect. The victims often reported that adult children quarreled with each other over caregiving responsibilities and the victims' properties. A common story was that the first son shirked caregiving responsibility and the other children insisted that the first son should live with and take care of the victim because he inherited the victim's estate. For instance, a 72-year-old female victim said:

Since my eldest son's family has a dual-income, I lived with his family to raise my grandchildren. We sold our old house and funded my son's move to a bigger house. But after my husband died, they explicitly told me to go live at the second son's house. Even when I was ill, they didn't take me to the hospital or bring any medicine.... Even though I moved into my second son's house, no one welcomes me. They would always say, 'We're busy, and we have our own financial crisis'.... Once I overheard my two sons talking to each other. They were arguing about my husband's estates. I feel abandoned by my own children.

The relationship between daughter-in-law and parents, especially mother-in-law, is a unique issue displayed in families of Asian culture. According to traditional Korean norms, an adult son, especially the oldest, and his family live with his elderly parents in the same household and the daughter-in-law performs all household tasks and caregiving for the parents-in-law with politeness and sincerity. Under this family structure, daughters-in-law were often in conflict with their mothers-in-law who once controlled the house. The elderly parents were more critical and less tolerant toward their daughters-in-law than their own adult children. In addition, there were often opposing opinions between the adult son and his wife on providing such living and caretaking arrangements. Troubles that arose between the adult son and his wife added difficulties in the relationship between the daughter-in-law and mother-in-law. Accordingly, daughters-in-

law were more responsible for emotional and/or verbal abuse. The negative relationship between a daughter-in-law and mother-in-law was also related to other relationship problems in the family. The following example shows that the daughter-in-law verbally and emotionally abused the elderly parents due to conflict with her husband and mother-in-law, and her husband is silent about what happened that day.

(Victim said)

My son can't keep his career going constantly, so he started a small business but that didn't work out so well, so now he is at home doing nothing. Because of this, it caused trouble between him and his wife. My daughter-in-law started working for her husband but whenever she got home she would start complaining. "Why didn't you do the dishes? Why are my husband's clothes so dirty? Etc..." Now, she doesn't even want to look at me. Whenever I would ask her a question, she wouldn't answer and yell whenever she got mad.

(Son said)

My wife didn't like living with my mother in the first place. Lately she told me that she would rather divorce me than live with my mother. This is my entire fault because I'm incompetent....

(Social worker said)

The son refuses to tell more specific details about his wife's behaviors. He kept repeating that his wife is deeply stressed.

Transgenerational Violence

Violence that occurs within the family, such as child abuse, neglect and spouse abuse, can be learned in the home and passed down from generation to generation. The perpetrators experienced and learned abusive behavior from family members, particularly parents, in childhood. As adults, they now use violence as a response to unwanted caregiving, conflict with elderly parents, or feelings of anger. Thus, elder mistreatment becomes part of a cycle of violence. Based on the ecological perspective,

transgenerational violence was considered as a mesosystem in terms of a negative relationship between the perpetrator and the victim. The perpetrator in the following story was neglected and abused as a child, and he witnessed the way his father abused his mother. As a child he endured antipathy from his father (victim), and subsequently, paid back to his father in the same pattern.

(Social worker said)

The victim's wife got married at the age of 19 and was abused since then. She has worked by herself to raise her children. Since she was abused at a young age herself, she didn't want her children to suffer like her. Victim's son (perpetrator), of course, was also abused and felt humiliation and repulsion towards the victim. He (perpetrator) said, "He (victim) abused us forever and always fought with mom. Who'd want to live with him? I don't even want to call him dad. I get mad even at the sight of him."

Caregiving Stress

Traditional family caregiving values can contribute to family caregiving stress because of the many duties and responsibilities for elderly parents. Caregiving stress was considered a macrosystem, which refers to the culture and society, and it was closely associated with adult children's financial resources—an exosystem, which is an external environment to adult children. Families under severe external stressors such as job loss, personal illness, and low income for a long period were more likely to feel caregiving burden and were the most responsible for physical abuse. A 54-year-old female caregiver (perpetrator) said:

Because we're so poor my husband went overseas to earn money. I work days and nights and have been living with parents-in-law for 10 years. I'm now very tired.... My mother-in-law is over 80 now and it's not like they help with the household. They get sick a lot so I have to take them to the hospital often and the medication costs a lot. Next year my oldest son goes to college. I'm financially pressured and stressed. I can't control myself.

In addition, caregiving stress increased when caregivers were forced to care for unwanted elder or elderly persons who had physical, functional, behavioral, or cognitive problems. The caregivers became exhausted emotionally and physically and accepted violence in the moment of anger, conflict, or tension. Some families, regardless of their family economic situation, engaged in elder mistreatment as the duration of caregiving got longer. These families often reported on the emotional burden of family caregiving, responsibility and concern for dementia, and they were the most responsible for verbal abuse and/or neglect. A 60-year-old male caregiver (perpetrator) commented:

I didn't mean to abuse anyone. I mean, for 20 years I've lived with my mother and sometimes I get mad. These days, she says the same things over and over. Other times she can't even remember what she's said. Also, she forgets where she put things a lot. My mother looks healthy from the outside but I'm actually worried that she's going to get Alzheimer's disease. Does it look easy to take care of someone that has Alzheimer's disease? Not everyone can do it.

Taken together, caregiving stress is associated with caregiver's burden. Burden varies according to the extent of care elderly parents required, the type of care provided, and caregivers' attitudes toward caregiving responsibility. The greater the burden, the greater the stress caregiver has. Accumulated caregiving stress may finally lead to mistreatment in some situations.

Characteristics of Violence

The form and characteristics of violence toward elderly parents may vary in some ways. This study focuses on the following aspects: the relationship between the victim's living arrangement and mistreatment type, severity of mistreatment, and the relationship between elder mistreatment and other family violence (e.g., child abuse, wife abuse, and sibling abuse).

Living Arrangements and Mistreatment Types

Victims' living arrangements have been often considered a risk factor of elder mistreatment for both victims and perpetrators. A great portion of the literature reports that elderly people living alone are much less likely to be abused, and that opportunities for the tension and conflict that usually precede abuse are greater when living arrangements are shared (Comijs, Smit et al., 1998; Lachs & Pillemer, 1995). However, in this study, living arrangements are deemed as a situational/environmental context that helps in understanding why different types of mistreatment happen within families, rather than as an immediate cause.

In most cases of neglect and/or self-neglect, the victims have been living alone for a long time. The perpetrators had supported their elderly parents financially and emotionally on a regular basis, but they gradually, or suddenly in some cases, stopped calling, visiting, and giving financial assistance without reason. As the period of neglect became longer, the victims also neglected to care for their own basic needs such as eating enough food, wearing appropriate clothing, maintaining personal hygiene, or getting medical care. Interestingly, some perpetrators changed their behaviors when their elderly fathers passed away. As an example, the perpetrator in the story below evaded his responsibility to support his elderly mother who was left alone when the father passed away due to a chronic disease. Other adult children also did not support the victim even though they knew about the perpetrator's neglectful behavior. The victim said:

Before my husband died, my oldest son gave me money for living expenses every month. My other kids sent me money from time to time. Two years ago, my husband died of heart attack, and I'm living by myself in this house.... My son used to send me money every 2 or 3 months but now he doesn't even send me money at all. When I call, he tells me that his business isn't doing well.... He

doesn't answer his phone a lot either. I need money for my hospital fee.... I asked for money from my second son but he tells me to wait for his older brother to help. I haven't seen my kids for a year now.

In other cases, the victims were originally living alone or living with spouses but are currently living with their adult children (perpetrators) who are divorced or suffering from financial problems and/or health problems. Most victims experienced financial abuse and emotional abuse after their living arrangements became shared with their adult children. The adult children sold the victims' houses without their consent and sometimes extorted their social security, belongings, and property. For example, a 70-year-old male victim said:

It's been 15 years since the last time I lived with my son. Now that I live with him again, all he does is ask for money. This drives me nuts. 'I got into an accident—I need to buy a car.' He uses these kinds of excuses to take the money. He requests money starting at \$50 dollars until it reached almost \$2,000. I hid my money in the storage for house repairs but he stole that too. People who lent money to my son came up to me for the money, so I had to borrow from my daughter to pay off his debt. The mental pain I've been suffering is too huge to bear.

However, the victims who had been living with their adult children (perpetrators) from the beginning were more likely to experience physical abuse as well as emotional and/or verbal abuse. The adult children abused the victims emotionally and/or verbally at first, but became more violent as the periods of shared living arrangements got longer. As a result, the victim's living arrangement can be considered a stimulus to elder mistreatment, which connects different types of elder mistreatment with complicated risk factors.

Severity of Elder Mistreatment

Many victims reported that they had been abused almost every day or 2-3 times a week for over a year (10 years at the longest) and experienced two or more types of elder

mistreatment. Considering the victims' unclear and limited memory and lack of understanding of elder mistreatment, the experience of mistreatment is probably much longer and more frequent than reported by the victims. In some cases, the perpetrators stopped their abusive behaviors for a few weeks or months after receiving alerts from police; however, after that, they more severely abused their elderly parents because they were upset about external interference. The following story depicts elder mistreatment which recurred within a year and became much more serious.

(Social worker said)

This case was reported by a food delivering volunteer at a home visiting service center. The victim's son was drunk and abused his mother and broke house furnishings, so I visited the house with a police officer.

(Victim said and weeping)

My son traps me in the room. He would aim objects to throw at me, step on me.... I don't know how many times he tells me to die in a week. I was so scared... this isn't the first time either. He didn't use to abuse me like this. I think my neighbors reported on him because they heard yelling and objects being thrown in the house. But when the police came, he just told them this won't happen again and they just left. Then it was okay for a while.... Now I think I'm really going to die.

In other cases, the victims have been abused by two or more perpetrators, such as son and spouse, son and daughter-in-law, and son and grandchildren at the same time or different times. Interestingly, physical abuse against elderly women was much more severe than against elderly men. Additionally, elderly women victims suffered considerably from emotional/verbal abuse by daughters-in-law and neglect by sons at the same time. The abuse by divorced sons and their children, regardless of the victims' gender, showed the same pattern even though the abuse occurred for different reasons at different times. Like the below story, the victims' grandchildren learned abusive

behaviors from their fathers and subsequently acted like their fathers toward their grandparents.

(Victim said)

Not long ago, he came back from school and threw his lunch box at me. He told me that his side dish wasn't good enough compared to others. I just thought that he hit puberty. But things started to get worse. He would yell, if things didn't work out his way and he would throw objects. Often he would say, 'Grandma kicked mom out of the house.' And talk abusively without hesitation. During the daytime it's my grandson and at night, my son.... I really want to die. My son yells at me and throws stuff when he gets mad. My grandson thinks he can do the same because his dad is doing it also.

Elder Mistreatment and Family Violence

Mistreatment toward elderly parents often occurred with other types of family violence, such as wife abuse, child abuse, and sibling abuse. For instance, elder mistreatment and child abuse occurred at the same time when the elderly victim lived with a divorced and alcohol-dependent son and his children. The victim, the only caregiver for the grandchildren, could not take good care of the grandchildren due to physical and/or emotional abuse. The grandchildren were placed under the double torture of child abuse and lack of care. A 71-year-old female victim felt guilty and suffered from psychological stress. She stated:

I would rather have my son (perpetrator) disappear. He not only abuses me but he also harasses the little one (perpetrator's son). When his dad is home, he hides in the closet and doesn't even come out. He says that he's going to live by himself when he grows up. He always tries to run away from home. I feel bad for the little one. After a fight, I lose my mind. My body aches everywhere.... It's filled with bruises.... Since I'm hurt I can't even give him a meal.... I am sorry for my grandson.

In the worst cases, elder mistreatment, child abuse, wife abuse, and sibling abuse occurred together. Perpetrators with severe mental illness and/or severe alcohol addiction

often abused their wives, children, and elderly parents. Additionally, they were aggressive with their brothers and/or sisters who were concerned about their elderly parents living with the perpetrators' families and when they opposed the perpetrators' abusive behaviors. In some cases, the perpetrators first mistreated their elderly parents and then abused their wives and children when they tried to stop the elder mistreatment. For these cases, emergency steps were required to deal with the perpetrators' problems and to minimize harm caused by abuse. A social worker described, "This case was reported as elder abuse, but there was serious violence inside the family caused by an alcoholic son. Due to family members' passive reaction and lack of judgment and information, the condition became worse and eventually postponed treatment for the perpetrator. Intervention became hard and the results were less predictable."

Damaged Personal Functioning

The consequences of elder mistreatment include a wide range of psychological impacts, behavioral impacts, social impacts, and more obvious physical impacts. Most victims experienced physical and more emotional reactions immediately after the abuse, after which they lived in isolation from others.

Physical Functioning

The physical effects of elder mistreatment include headaches, muscular pain, stomach distress, vertigo, burns, injuries, bruises, and diseases. Regardless of the types of elder mistreatment, health issues such as high blood pressure, diabetes, arthritis, and other somatic ailments became more serious, and the victims' nutritional status also worsened.

In the case of severe physical abuse, the victims suffered from back injury, bleeding wounds, and effusion of blood on the brain. For these serious cases, the victims needed to receive emergency treatment and be hospitalized for a while. A social worker described an 84-year-old victim's physical harm: "The first time I visited the victim's house she was covered with bruises. She said that she hurt her ankle from running away from her son so she couldn't walk. She showed the symptoms of dehydration because she hadn't been eating lately. According to the doctor, her ankle was left alone for a long period of time which led to an ankle resection."

Some victims show dependence on alcohol and mild symptoms of dementia as a result of elder mistreatment repeated over a long time. For instance, a 67-year-old male victim was neglected for over 5 years and living in a filthy environment. He started drinking to forget that he had been left by his daughters and sons. He was recently diagnosed as having had a stroke which caused paralysis and he showed early symptoms of dementia. A social worker who intervened in this case described her first impression as follows: "Because the victim urinated everywhere in the house, the house itself was foul. All of their food was spoiled and there was black sticky stuff all over the floor which made the house look like it hadn't been taken care of for a while. The blankets were filthy and it was impossible for anyone to live in the house. If left alone, this filthy environment and spoiled food might cause health issues."

Psychological Functioning

Regardless of the subtypes of elder mistreatment, most victims reported emotional reactions such as disappointment, anger, and grief immediately after the mistreatment.

The psychological effects of elder mistreatment include depression, anxiety, fear, embarrassment, helplessness, and self-blame.

Victims living with the perpetrators were more likely to report extreme stress and experienced serious fear after repeated mistreatment. An 80-year-old female victim stated, “My husband died early, I did everything to raise my son, how can he do this to me? He’s a real bitch.... He needs a severe punishment.... When my son and I are alone, I lock the door. There are lots of times when I can’t go out of the room. I can’t sleep during the nights because I get nightmares.” In addition, some victims could not plainly express their opinions and went through a lot of emotional ups and downs. A social worker commented, “The victim couldn’t have a stable conversation with me and kept wandering around. The victim kept repeating that if her son and daughter-in-law found out that she was having an interview, they wouldn’t leave her alone. She also stood up and sat down several times. While talking about her situation, she would get mad, cry, and sometimes didn’t talk for a long time. It was hard to process the interview.” To make matters worse, some victims suffered from mental illness such as depression, anxiety, and mild schizophrenia and sometimes felt suicidal. Some victims tried to kill themselves but fortunately, the owners of the house or other neighbors stopped them and were able to save their lives.

Social Functioning

Victims that were first damaged emotionally and physically, later tended to blame themselves for their problematic situation, and had feelings of guilt, shame, and despair. After repeated mistreatment the victims stopped going out and avoided neighbors and potential help providers. In addition, the victims did not often ask for help because they

were afraid of negative views from the community. These feelings led to social isolation and made it more difficult to escape from violence and get help from neighbors. Thus, the severity of elder mistreatment became worse with the victim's unintended dependence on the perpetrator.

Broken Family Relationships

Broken family relationships contributed as both a risk factor and a consequence. Perpetrators' abusive behaviors affected the relationship between the victims and other family members. In many cases, the victims experienced a cutting off of relations with other family members such as daughters and sons, grandchildren, and the victims' siblings. Other family members were highly stressed due to the perpetrators' abusive behaviors, alcohol addiction, and requests for money. They were also afraid of the perpetrators' revenge when they tried to take the victims out of the home. Thus, other family members became estranged from the victims and the perpetrators. Some family members moved to another city and did not provide their new addresses to the victims. The following story is an example of how the victims became isolated from their families. The social worker said:

The victim's son is addicted to alcohol and has depression. The victim has been verbally and mentally abused. During the first trial of counseling, the victim's face was covered with bruises and an eye blood vein was popped, which showed that the victim was clearly being abused. The victim's husband died 6 years ago and she is now living with her 41-year-old son and her 11-year-old grandson.... The victim has a daughter. She tried to take care of her mom but later ran away because the son's abuse was too much. Through the residential office we found out the daughter's current location and tried to contact her, but she wasn't concerned enough to cooperate to help solve the problem. The victim's daughter tried to express her fear of the perpetrator, saying she was afraid that something was going to happen to her family, so she couldn't do anything. I talked to the victim's

sibling who said, 'It's been a long while since we considered the perpetrator as part of the family. I am sorry to do this to my own sister (victim) but I don't want to contact her anymore.'

Conflict among the perpetrator's siblings (the victim's adult children), because of different opinions about elder mistreatment and attempts to agree upon a solution to the problem, was also common. Some family members had conflicting opinions about receiving help from outside because of family honor and social status, and did not want to take the victims to their homes and shift caregiving responsibility onto each other. Faced with these situations, the family members were soon estranged from each other. In addition, conflicts between family members became much more serious and the relationships also grew worse when the victim was abused by a daughter-in-law. Family members tended to be much more critical and less tolerant toward daughters-in-law brought into the husband's family through marriage. It is because of inferior status and traditional gender roles that daughters-in-law are expected to perform all household tasks and assume caregiving responsibilities for elderly parents. For instance, a 48-year-old man said:

This is all because my brother married his wife. My parents disapproved of the marriage, but my brother ignored them and got married. Shouldn't you treat your parents better if you got married without the approval of your parents? How can a daughter-in-law treat her mother-in-law like that? It's not like she's the only one in the Republic of Korea that has had to serve their parents-in-law. It's the daughter-in-law's duty to take care of their aged parents but she's the kind that does not follow that duty. I don't know what my brother did.... After his marriage the house became chaotic. Who would side with my brother and his wife? The family is very disappointed with my brother. My little sibling suggested that we end the relationship with the family and move out.

Sometimes these conflicts led to divorce between the daughter-in-law (the perpetrator) and her husband.

Reaction to Elder Mistreatment

The way in which the victims understand and respond to elder mistreatment is important information in the effort to improve programs of elder mistreatment detection, intervention, and prevention. In this study, the victims considered the perpetrators' violent behaviors as problematic behaviors, but they responded differently in defining their situation as elder mistreatment and seeking help from outside. The victims' reactions to elder mistreatment are described in the following three ways: accepting elder mistreatment, hiding elder mistreatment, and rejecting elder mistreatment.

Accepting Elder Mistreatment

Ironically, the victims tended to accept elder mistreatment even though they gently admitted that the perpetrators had problems. Women victims were more likely to accept elder mistreatment regardless of who abused them. Victims explained to social workers, but also to themselves, their understanding of the cause of the perpetrators' abusive behavior. The victims tried to explain and often excuse the perpetrators' conduct in the process of "making sense." This "making sense" of the perpetrators' abusive behavior took various forms such as labeling (e.g., demonizing, pathologizing, ethnic stereotyping), believing the situation was inevitable, and believing that it was retaliation for the victims' past actions toward the perpetrators. For instance, some victims resorted to labels and ethnic stereotypes to describe and often justify the perpetrators' behavior by suggesting that: "He is possessed by devil spirits" or "He is a stubborn and patriarchal Korean." Some victims focused on the perpetrator's anger explaining it as "He transferred his anger for a poor childhood to me." These victims applied popular explanations such as something lacked in their parental roles or not showing love caused

anger and hurt in their children. These victims considered their current situation as punishment for their past faults. Unfortunately, the victims' acceptance of elder mistreatment might be due to a lack of awareness of how serious their problem is and an attempt to stick to their own arbitrary interpretation.

In addition, the victims showed sympathy to the perpetrators, especially the perpetrators having physical and/or psychological disorders. The victims agreed to the social worker's suggestion for services for both victims and perpetrators, but they refused to be apart from the perpetrators. They also did not want any legal punishments for the perpetrators. Furthermore, they were not afraid of staying in long-term abusive relationships because they thought maintaining the current relationship was better than nothing in their old age. For example, a 77-year-old woman abused physically and emotionally by her first daughter for 6 years stated, "My daughter has been suffering from epilepsy for a long time now. She has been hospitalized several times. She should've been diagnosed a long time ago, but I was too poor to pay for her treatment so she ended up growing her disease.... I'm okay. If I have medicine, I'll get better. How could I blame her for being sick? Now that I'm getting older, the only person for me to rely on is my daughter. I'm really okay. Thanks for caring but I'm just going to live here."

In other cases, the victims accepted their mistreatment experiences because of cultural norms, such as family responsibility, family honor, and family stability. The victims often worried about creating a social misplacement for the other children. While complaining about the following stresses, the victims claimed that there was no physical abuse, and rather, showed a protective attitude towards the perpetrator. Although it may be better to say "standing a misfortune" than "accepting."

Hiding Elder Mistreatment

Some victims hid the perpetrator's abusive behavior and their feelings from others. They refused to discuss their problems and had a negative attitude toward help from others such as medical treatment, legal advice, and social services to stop elder mistreatment. They often explained the evidence of physical abuse as injuries caused by an accident. In some cases, the victim had emergency surgery in a hospital and the perpetrator was arrested for severe physical abuse. Interestingly, these victims knew about elder mistreatment and admitted that they were abused by the perpetrator. However, they tried to hide elder mistreatment in the early stage of abuse which brought misfortune into their lives and families. A social worker who interviewed a 75-year-old woman stated: "The victim kept on repeating that she didn't know where she got the scars on her face and arm then later confessed that she got it from falling down. To know the health condition of the victim, we went to the hospital together. Again, the victim kept repeating that the scar had nothing to do with her son, but we got another report from the neighbors 7 months later. The lady next door said that the elder abuse is getting serious. When I visited the victim again, she was laid up with back pain and asked us to take her to the hospital."

For the victim who tried to cover the perpetrator's abuse, the abuse and the pain seemed to be related to the perpetrator's future life and the victim seemed to be more concerned about family relationships, grandchildren's school life, adult children's social relationships and work life. Victims often said: "everything is over when the problem is open to the outside." Particularly, women victims reported that they did not want to

“disrupt the family” and wanted to “keep the peace.” Women’s roles and functions as a mother obliged them to tolerate the abuse and keep the family at peace.

Rejecting Elder Mistreatment

Rejecting elder mistreatment was the most constructive reaction. Some victims wanted strongly to be separated from the perpetrator and considered legal action against the perpetrator. A victim having a long history of elder mistreatment said: “I really want to get rid of this problem...you know, it is over. I will not ignore the abuse anymore...not anymore.” Some victims who had a social support network perceived early on that they could not control the problem alone and needed help from the outside.

Particularly, male victims were more likely to reject the perpetrator’s abusive behavior—one explained: “I worked hard and sacrificed for the family. He has grown this much because of me, but now.... How could he do this to me? I cannot believe it. It should not have happened.” For female victims who learned strict gender roles (e.g., obligation to husband and son) in previous decades, rejecting elder mistreatment was a secondary or a last resort. These female victims often reported a change of mind about responding to elder mistreatment. For instance, a 79-year-old female victim stated:

For 20 years my son has been asking for money. I had no choice but to give it to him otherwise he threatened to kill me. I thought that he had a character disorder so I did everything that he asked for. I didn't tell my other children. As time passed by, things got more violent and abusive and I couldn't bear it anymore. He started to verbally and physically abuse his older sister and little brother, and my daughter notified me that it's clear abuse. Thinking about it for a long time, I notified the police. I didn't want to live with my son any longer. If lawful act is necessary, I'll follow it.

A social worker commented, “If the victim is female, they normally have a hard time opening up their mind and only after long counseling will they start to explain their

situation. We think that they mentally suffered a lot to be able to actively approach their situation.”

Positive Perception of Public Services

In the cases of hiding elder mistreatment, the victims avoided describing their problematic situation in detail and refused to seek help from outside. Thus, it is hard to represent their general views of social services, but sometimes their perceptions were reported as negative by social workers who interviewed and observed them.

Except for that, many victims showed a strongly positive perception of social workers and social services supported by local (similar to state) and national (similar to federal) governments. Despite a limited amount of knowledge about social work and social services, the victims preferred social services to private services including personal care services, which is reasonable for the victims in a lower-income bracket. They tended to seek minimum cost health and/or social services due to their own and other family members' difficult financial situations. In addition, the victims taking advantage of other social services such as elderly daycare, home visiting (services for cooking, cleaning, and personal hygiene), and elderly nutrition care showed a much more positive attitude toward social workers and service in general. A 60-year-old female victim said:

There really wasn't anybody else to take care of me and I was pretty sick. A social worker came and said that she would help me find my children. She also introduced me to the home visiting service center and a volunteer came to clean up, make meals, and be a friend. I'm really thankful.... Since the government operates the program it's trustworthy.... I don't even have money..., can't even contact my children, (she was neglected by adult children and reported to KEPA by a social worker working at a ward office which is the same as a county office).... But, after I get hospitalized, where am I supposed to go? You're going to keep helping me, right? I don't know anything. You find out what my benefits are and if you contact my children, please notify me.

This example demonstrates that the social services operated by the government have public confidence, and how victims considered that social workers should be responsible for the decision making and organization of services in difficult and traumatic cases.

For private services, the victims felt the burden of costs for services regardless of their and/or their children's financial ability to pay. Interestingly, some victims thought that they, after all, would be abandoned in the nursing home by their families and meet death alone. One victim who was abused emotionally/verbally stated, "My kids are trying to put me into the nursing home, but I don't want to go..., the registration fee, subscription fee, etc. is too expensive. If you give extra money to the nursing home, they will take better care of you but if not, they will just ignore you. And even though your children don't come and visit, as long as the children keep sending them the money, they don't really care.... Maybe my children will visit for the first few months or years, but as the time passes they might just leave me at the nursing home."

In sum, the victims had expectations that public services, including social workers working in public areas would help them and their families without asking for many contributions and would show more respect for life and dignity. Victims also expected the government to undertake a vital role in securing their later life. However, victims were skeptical of private services, and assumed that private services were a means of enterprise for profit that do not take an overall look at the problematic family situation including elder mistreatment.

Dependence upon Public Support

Victims' dependence on public support should be considered together with their needs for public support. Victims' needs were clearly divided into two parts: long-term

care with separation from the perpetrator and temporary care without separation from the perpetrator. When victims finally requested social workers, they asked them to take an active role in providing services.

In terms of having a strong desire to escape from elder mistreatment, the elders strongly requested cash grants for long-term care such as a nursing home, an assisted living facility, and a special hospital for seniors. For the elders in a low-income bracket, receiving cash grants for long-term care services (or receiving any other public services) was clear and incontrovertible; however, for the elders in the next higher bracket, there were limits depending on family income. A social worker who interviewed a 75-year-old victim said:

He is not even affiliated with the lower-income bracket. After the investigation, his son and his daughters, who are not living with him, have been excluded from the lower-income bracket funding list and the apartment that the victim currently lives in was under both his and his son's name. The victim says that he doesn't want any support from his children and wants to end his life at the nursing home. He wants to be separated from his children. With his current situation he can't be supported at the nursing home but the victim strongly demands the nursing home. Other family members know that the victim has been mentally and physically weakened due to elder abuse. They are also thinking about taking him to the hospital for a diagnosis...but the victim doesn't want help from family members and is willing to give up his apartment and property authority to gain government support so he can live at the nursing home.

This example suggests that some abused elders want “complete independence” from abusive adult children and family and consider it the last chance to terminate the abusive situation—they are then willing to live the rest of their life in the shadow of the government.

Elder victims wanting to continue the relationship with abusive adult children, specifically wanting to live with them even with an abusive situation, requested temporary care such as home visiting, adult daycare, short-term medical care, and

rehabilitation center services. They refused to be put into residential facilities aimed at treatment. In addition, they were more likely to request social workers to find services for their abusive perpetrators rather than for themselves. One 80-year-old victim said, “I hope I can keep going to the hospital till I get healthy. I don't want to go to the facilities. As time passes by, he (perpetrator, son) will get better. Maybe he'll change his mind. I want my son to get treatment more than me (the perpetrator has been suffering from alcohol addiction). In the old days, when I had enough money, he got treated..., but my son doesn't work.... All my other children have become tired of my son's tyrannical actions, so they started to ignore us.... Because of our financial crisis, he stopped getting treated. I want my son to keep getting treated till he gets better. And please help my son get his job back.” Another victim stated, “Please help my daughter get her mind treated and get rehabilitation. It's not like the treatment period is a month or two.... It costs a lot of money.... I have heard that there's a program which is governed by the government to help poor people.... I want my daughter to get treated and go to school again. If I die, she has to live by herself. What's the point of me living comfortably by myself?” These examples demonstrate that the abused elders wanted their abusive children to be treated through “continued support” of public services, and then get back to normal life.

In sum, the elders who experienced elder mistreatment tended to rely on government social service programs for help. However, not like the culture of dependence fostered by cash assistance for welfare recipients, the elders' dependence on public support was a way to escape violence and secure their remaining life and help their adult children get back into the community.

The Changing Socioeconomic Situation

The socioeconomic situation is used as an umbrella term to cover interrelated social and economic factors that might explain elder mistreatment. Factors, as a macrosystem of the ecological perspective, included the 1997-98 Korean financial crisis and rapidly aging population rate. In this section, I describe how a particular socioeconomic situation can affect people's lives and how that situation can be related to elder mistreatment. These social and economic contexts were deeply related to the risk factors of elder mistreatment.

1997-98 Financial Crisis in South Korea

After three decades of growth at an average rate of 8.6 % per year, South Korea asked the IMF for \$20 billion to handle its short-term financial crisis on November 21st, 1997 (Adelman & Nak, 1999). World economic experts said, "The miracle of economic growth in South Korea is over." It was estimated that a huge infusion of money and rapid changes in society as a whole would be required to solve South Korea's financial problems (Bali & Ubide, 1999). As a result, without exception, companies started to downsize their personnel in response to a poor economy and small businesses closed in a poor financial state. Family life also changed in many ways, so the stress, tension, and anxiety within the family increased. A 71-year-old victim commented:

My son was really nice and worked really hard. The problem started after IMF. Since the world's economy was getting bad, his business failed.... Before closing down the business, he borrowed money from his brothers but couldn't pay it back so he was very stressed. The relationship with his brothers became bad and his circumstances got worse. We eventually had to sell our house and move into a small apartment with two rooms. My daughter-in-law only did housework but now works in a restaurant every night and my son eventually started to get depression.

Another victim also stated: “My oldest son lost his job from IMF. He was having a financial crisis and couldn't find another job so he was stressed a lot. Eventually he was divorced and now drinks everyday.... Since life isn't easy, it's not easy to support him either.”

Not surprisingly, the numbers of lower-income families increased rapidly, which had a devastating impact on the overall financial crisis. As an example, a 77-year-old victim described her situation: “I've been living with my two sons with cash grants. The consumer's price increased too much and I don't have enough money for living expenses. When my sons had part time jobs they supported the living expenses but after the IMF they were jobless.... I only eat two meals a day.... My oldest son doesn't have any financial power so he couldn't get married, and he always gets mad at me, and drinks.... Whenever my oldest son takes money to drink, I only eat water and rice. My younger son had to take time off from school because there wasn't enough money for tuition and now he went into the military.”

These comments suggest that the national financial crisis affected victims' family life in many ways and contributed to the risk factors of elder mistreatment. The changes of the socioeconomic situation may not be the direct cause of elder mistreatment, but actually did trigger risk factors.

Aging Society Issues

Since 1980 the portion of the population over 65 has rapidly increased and the fertility rate has expeditiously decreased in Korea. Elderly, with various chronic diseases have also gradually increased. Therefore, the burden of support for elderly by the reproductive population between 15 and 64 years old has become a serious social

problem. The victims' family members, including perpetrators, reported worrying about long life expectancy, the financial burden of elderly care, and limited support and services for the elderly. For example, one man stated, "My brother took care of mother for more than 10 years and is worried about her getting older each day. Her current age is 85 but I think she will live 10 more years; she keeps getting sick so she goes to the hospital often. My brother is repeatedly asking how we're going to take care of her hospital fee." Another woman commented, "I'm the first daughter-in-law, so for 15 years I've been taking care of my mother-in-law. I wonder how long I have to take care of her.... She is still old in years, there needs to be someone to take care of her in between times.... Since I work all day I don't have any information, so I don't really know what to do.... There is a welfare facility close to my house but since it's not for elders, there are a lot of limitations. I'm worried. I am sorry for my mother-in-law...but the stress is building up and I'm getting tired."

Some caregivers were concerned about their own aging and the elderly parents' Alzheimer's disease. A man who abused his mother for 5 years commented during an interview with a social worker, "I'm 60 years old. I'm an elder, right? But these days, people live over the age of 90. Since medical technology is good, you get to live longer even though you're sick. My mom is 87 right now. Who knows how long she's going to live? I've heard that senile dementia is getting serious. What happens if my mom gets that too? My wife is already dead...." He also worried about shifting caregiving responsibility to his children: "My children are going to have to take care of their great grandmother and lone father..., but it's not like I left a great fortune so how can they support two elders?"

Another aspect of aging in Korean culture is loneliness in later life. Elderly people live in a large family in which 2 or more generations live together. Within the family, elderly women, as housewives, are too passive. Thus, being alone in old age is a somewhat traumatic event. For female victims, issues of loneliness as well as the realities of physical aging became good enough reasons to remain in abusive relationships. A 66-year-old woman said, “At my age, living alone is fearful. As time goes on I get sick everywhere, go to the hospital often, and as your body gets weaker your mind also gets weak, so I don’t like living by myself. I feel bad giving my child pressure financially. If I live longer, my child will have hard times....” Thus, the issues of aging are inextricably related to the victims’ responding as well as the risk factors of elder mistreatment.

Family Responsibility

To better understand elder mistreatment, it is important to explore, in depth, the cultural context. Family responsibility, as a macrosystem, is a classical social idea based upon the mutual dependence of collectivism, and it is related to the risk factors of elder mistreatment as well as caregivers’ reactions. In this section, the value of filial piety and dependence of adult children are described.

Filial Piety

Among victims and caregivers, including perpetrators, the norm of filial piety was strong in their lifestyles and ways of thinking. In general, filial piety means: to take care of and support one’s parents; to bring a good name to one’s parents and ancestors through good conduct; to ensure male heirs; and to show love and respect (Sung, 1995). For centuries, filial piety (“Hyo” in Korean) has been the core value of Korean family

relationships. In the traditional view, sons, especially the oldest son, are expected to care for aged parents physically, emotionally, and financially with the utmost sincerity when parents become old. Many social workers commented in interviews that, “Knowing that the victim and his son are in a bad relationship, the families ignore elder abuse due to a stereotype that only sons are required to support their parents.” A male perpetrator also stated, “Since I’m the first son, I feel pressured to support my parents. My wife is the eldest daughter-in-law so she thinks that she has to take care of my parents before they die. I have to bear it or hear that I’m an undutiful child, but I get stressed financially since my brothers aren’t supportive.” In some cases, the victims complained that their children failed to demonstrate filial piety. For example, a 70-year-old female victim stated, “I can’t see anymore of the mistreatment and the irresponsibility of my daughter-in-law. When I was taking care of my parents-in-law, it’s not something I would dare to do. Of course the eldest son has to provide a residence and financial back-up. Daughters are the one that should take care of their parents-in-law....”

In addition, the fundamental ideas of filial piety are closely connected with inheritance of property. That is, children should care preciously for their elderly parents as they love the parents and because they inherit their property from them. Interestingly, the victims’ daughters often comment upon the relationship between filial piety and inheritance of property. For example, an 83-year-old victim’s daughter stated, “I am sorry for my mother but I can’t be very helpful. I’m married and I am now taking care of my parents-in-law. When my father was alive, he bought a house for my brother and before he died he gave all his inheritance to him. It’s obvious that my brother and his wife take care of mother but for other reasons they couldn’t meet all of their duties and now the

situation is much worse. I think that my brother has to take responsibility.” The notion that a filial child should be a son also reflects traditional patriarchal norms, which assign women into their husband’s family through marriage.

Adult Children Become Dependent

Adult children who have lived separately often go back to live with their elderly parents for personal reasons such as divorce, child care, health problems, and financial problems. For example, as the female labor market has expanded, child care has become an important issue in the modern family. Because of financial limitations, safety concerns, or children’s personal biases, many adult children are asking elder parents to take care of their children at their home. A 38-year-old female caregiver who abused her mother-in-law verbally and emotionally stated, “I have two kids. First I hired a nanny to take care of the kids, and they went to the daycare twice a week. But the charge was too expensive. My eldest child is now in first grade and likes to play at home after coming back from school. My husband and I both work but our financial status is unstable. So we decided to live with our parents. I know that it’s hard for them to live in big cities. But I still think that they, as parents, have to live with us and support us.” These dependent behaviors were linked to the conflict between the two generations. Many victims also experienced negative changes, such as financial difficulties, stress, health problems, and elder mistreatment.

Another example relates to divorced children going back to elder parents’ home. A male perpetrator who financially abused his parents reported: “As I was getting divorced I gave away the house in the divorce settlement. My wife decided to raise my kids. I quit my job, and I needed money. It was getting hard to live so I decided to live

with my parents.” The perpetrator’s parents commented, “We wanted to end our life at the countryside after our kids had grown up. But he was having a hard time so we couldn’t do anything about it.... He got divorced and quit his job.... We have to live with him.” These examples demonstrate how Koreans, regardless of older generation or younger generation, still make efforts to keep the idea and practice of family responsibility although in a less intensive manner than in the past.

Ethical Dilemmas

Many victims reported a complex situation that often involved an apparent mental conflict between moral imperatives. For example, in the case of physical mistreatment a victim who has been physically abused by her son can choose whether to accuse or to forgive him. The question is “whether forgiving an abusive son is right and, if so, how it is to be balanced against the right of the abused mother.” Many victims experienced a conflict between “securing their rights and safety through legal action” and “protecting family through standing the pain.”

Family Honor

For elderly parents, keeping family honor is a much more important factor of life than for their adult children as modern Koreans, in general, perceive this as less important. Many victims acknowledged the perpetrators’ immoral behaviors, but they showed a hesitant attitude in their reaction because of “defending family honor.” A 77-year-old male victim said, “I think about calling the police several times during the day. But I could just put up with it.... If I ask for help then other people will know. They will talk bad about my child.... It’s not a problem that concerns only our child but our whole

family. What would people say? They would think that we are an uneducated family.” In addition, a perpetrator’s brother described his dilemma: “The family doesn’t want to reveal the younger brother’s recent mental illness and elder abuse. We feel bad for our parents and if we don’t take care of the problem, we feel that we are sinning. But we don’t want to damage our family honor. Also, I am a government employee. You know that society views the government official as conservative. In a little while I’ll get a promotion evaluation.”

Victims, as well as their families have lived with problems such as mental illness and elder abuse while trying to cover up these problems because of a fear of social criticism. In particular, victims were afraid of being a disgrace to their families. The older generation strongly adheres to this stereotype by living with children although they are abusive. It allows them to maintain an honorable face with their neighbors and relatives. Taken together, victims and family members, except perpetrators, are struggling between moral judgment and cultural values.

We are a Family Related by Blood

Some victims were more concerned with individual family members than with the family as a whole. A typical response by a victim to a social worker’s question about the victim’s reaction to elder mistreatment follows: “He is my son. He inherited my blood. How can I blame my son?” In traditional Korean culture, accusing a direct descendant may not be understood by society. For parents, it may preferable to take a child’s guilt on him/herself. This solution may also include concern about the perpetrator’s future life in school, the workplace, and in the community. In addition, some victims commented “who cares for my grandchildren,” and unfortunately showed a negative attitude toward

reporting the problem and receiving treatment in the hospital. A 72-year-old female victim stated, “It’s not like I’ve been abused a day or two, it’s been 7 years. Who wouldn’t want to call the police? I want to get away from my son, but I’m staying because of my 10-year-old granddaughter. I’ve taken care of her since she was 3.... My son has been imprisoned and I was hospitalized.... Then what about my granddaughter? She needs a dad also....even though he is a bad dad.... I can’t send her to the facilities while I’m alive. Not even for a short period of time.” This example shows the victim is having a conflict between a desire to live a safe life and responsibility for her granddaughter. For the victim, tolerating the pain is better than sending her granddaughter to a facility for child protection. It may still be hard for older generation Koreans to form moral/ethical judgments within kinship-connections by blood.

Summary

This chapter introduced descriptive information to support general understanding of about 49 case narratives and presented the results of the qualitative secondary analysis. Descriptive information identified that: 1) 71% of the victims were female; 2) the victims were 74-years-old on average; 3) most of the victims (94%) were abused by their adult children; 4) 76% of the victims currently lived with the perpetrators; 5) the majority of the victims (94%) had been abused for a year or more, and 28% among them had been abused over 5 years; 6) emotional/verbal abuse was 40.4%, with 27% physical abuse, 15% neglect, 13.4% financial abuse, and 4.4% self-neglect; and 7) 33% of the victims were reported by a mandatory reporter.

The results of the qualitative secondary analysis identified 10 themes: causes of elder mistreatment, characteristics of violence, damaged personal functioning, broken

family relationships, reaction to elder mistreatment, positive perception of public services, dependence upon public support, the changing socioeconomic situation, family responsibility, and ethical dilemmas. All themes were organized by research questions and thoroughly explored. The findings of this study, in particular the causes of elder mistreatment, support the ecological perspective. Using this framework, elder mistreatment was found to be a serious and complicated social problem with individual, familial, social, economic, and cultural determinants, both individually and with a complex integration. The contextual aspects, social, economic, and cultural contexts, were little investigated in earlier elder mistreatment research; however, this study made significant contributions to the broader values of understanding the complexities of elder mistreatment.

CHAPTER 5

DISCUSSION AND CONCLUSION

This chapter discusses the results of this study, which focused on elder mistreatment. Implications for policy and social work practice, and suggestions for future research are presented. The strengths and limitations of this study are also addressed.

Discussion of the Findings

This study explored elder mistreatment in the domestic settings of South Korea and identified diverse contexts related to elder mistreatment. Through qualitative secondary analysis, the case narratives revealed the following themes: causes of elder mistreatment, characteristics of violence, damaged personal functioning, broken family relationships, reaction to elder mistreatment, positive perception of public services, dependence upon public support, the changing socioeconomic situation, family responsibility, and ethical dilemmas. The themes are interpreted, developed, and discussed below.

Causes of Elder Mistreatment

The findings of this study demonstrated four major risk factors based on the ecological perspective: perpetrator determinants, family relationship, transgenerational violence, and caregiving stress. The results are consistent with the findings of earlier research; however, the pattern of risk factors in this study is more specific than

elsewhere. Each of the risk factors contributes to elder mistreatment separately and a combination of these factors may also be responsible for any single case.

Perpetrator determinants. Most of the elderly caregiving, in countries sharing Asian culture, is performed by adult children, and therefore the initial risk for mistreatment is by the caregiving adult child. In this study, the majority of the perpetrators were adult children living with the victims, and perpetrator risk factors included both a microsystem—mental health disorders, substance abuse, and behavioral problems (e.g., hyperactive, aggressive, disruptive) and an exosystem—financial difficulties (e.g., unemployment, limited resources) and social isolation. This finding supports that risk factors related to the victim are less predictive of mistreatment and have fewer consensuses (Anetzberger, 2005).

Elder mistreatment by adult children suffering from mental illness is unwilling violence caused by pathological features and often exhibited during daily activities with elderly parents. The perpetrator's behavior is unpredictable and uncontrollable. A serious problem is that elderly parents in need of caregiving are left to be guardians for perpetrators who have profound disabling conditions. Help from outside is urgent for both victims and perpetrators. In addition, a perpetrator's high dependency on alcohol and/or drugs is a very significant risk factor. Alcoholism is particularly associated with financial difficulties and social isolation. Perpetrators tend to depend on alcohol when they are unemployed and not linked with family members, friends, coworkers, and community resources. With increasing dependence on alcohol, perpetrators show more severe and more often repeated abusive behaviors and may have lost social adaptability. Even though there are only a small number of cases, addiction to drugs is particularly

associated with perpetrators' problematic behaviors, such as hypercritical and impatient behavior, loss of self-control, and a tendency to blame the older person. Adult children addicted to drugs severely mistreat elderly parents by losing their ability to make appropriate decisions and becoming more abusive to get money for drugs.

In earlier research, the perpetrator's nonpathological issues, such as financial difficulties, lack of social support, and behavioral problems are considered apart from substance abuse (Lachs & Pillemer, 1995; Reis & Nahmiash, 1998). However, the findings of this empirical study describe those factors as a triggering event, which is intricately entangled with substance abuse that leads to or aggravates elder mistreatment.

Family relationships. Unlike previous studies, in the present study, family relationships were analyzed. The relationships, as a mesosystem, included parent-child relationships, sibling relationships, and daughter-in-law-elderly parents relationships. Why and how these relationships contribute to elder mistreatment should be understood with underlying Korean social and cultural identities. Korean society is strongly influenced by Confucianism and the family relationship, particularly the parent-child relationship, is of supreme importance. The parent-young child relationship is often broken due to the parents' divorce, not divorced but living separately, or lack of parental roles. Thus, they fail to build a healthy and supportive family. The past negative parent-child relationship contributes to elder mistreatment when the children become caregivers. In particular, dependent elderly parents can precipitate stress and frustration in adult children. This situation creates the potential for mistreatment. An earlier study also indicates that the absence of an intimate relationship between parents and their young

children results in inappropriate responses to stress and frustration by elderly parents (Jones, Holstege, & Holstege, 1997).

A good sibling relationship is strongly recommended to maintain the harmony of the family and to make parents happy. However, the conflicts among adult children in families mostly occur due to questions about how to divide the victim's properties and caregiving responsibility, and both can contribute to financial abuse and/or neglect. Although Korean Family Law grants all children equal inheritance rights, Korean families are still keeping the patriarchal inheritance system (Chang & Moon, 1997). Sons, particularly the first son, have exclusive inheritance rights within the family and are expected to care for elderly parents. Thus, the first son often exploits elderly parents' properties without feeling guilty. Additionally, adult children fight over the distribution of the property of elderly parents. To make matters worse, the first son, or sons who serve as caregivers, show neglectful behaviors gradually or suddenly without excuses and sometimes neglectful behaviors appear after a special event such as the death of the victim's spouse or changes in the victim's health. Unfortunately, other adult children in the family can be neglectful as well, since adult children often shift caregiving responsibility onto one another or overlook the negligent caregiver's faults.

The relationship between daughter-in-law and mother-in-law is a unique issue in Asian cultures. The traditional Korean family structure is that the adult son's own family and his elderly parents live together in the same household and the daughter-in-law performs all household tasks and caregiving for parents-in-law with politeness and sincerity. Under this structure, it is common to have daughters-in-law in conflict with their mothers-in-law who once played an important role in caring for the family. In

addition, there are often arguments between the adult son and daughter-in-law on providing living and caretaking arrangements. These conflicts add to difficulties in the relationship between the daughter-in-law and mother-in-law. This is particularly evident in that most emotional/verbal abuse perpetrators are daughters-in-law. A negative relationship between daughter-in-law and mother-in-law may also cause troubles among other family members. In sum, Korean family relationships are based on cultural background and negative changes within the family conflict with cultural expectations and then contribute to create an abusive environment.

Transgenerational violence. A history of domestic violence, as a mesosystem, can bring about serious elder mistreatment. In this study, the perpetrators' abusive behaviors toward elderly parents, in particular the father, support social learning theory. For the perpetrators, elderly parents are the ones who have physically and emotionally hurt their children and/or wife in the past and now expect care from the adult children who have a wounded heart. The perpetrators pay back their fathers with the same pattern when their fathers are in trouble, old and weak and in need of caregiving. Violence within the family, regardless of the types and severity, negatively affects interpersonal and intrafamilial relationships and the pattern of violence passes from one generation to the next.

Caregiving stress. Caregiving stress has recently been receiving great interest in the study of elder mistreatment. Asian researchers predict that demand for family caregiving may rapidly increase with the increasing elderly population (Park & Choi, 2001; Yan & Tang, 2001). In addition, increasing life expectancies may result in caregiving stress for families, which in turn may lead to increasing rates of elder

mistreatment. In the present study, caregiving stress was considered a macrosystem, rather than a micro/mesosystem because it is closely related to social and cultural contexts, and it is a challenging social issue in South Korea. Caregiving stress was also associated with adult children's financial resources—an exosystem, which is an external environment for adult children. Adult children, as family caregivers, were eager to provide care due to cultural, social, and familial obligations and responsibilities; however, they now are challenged by increasing caregiving demands. Particularly, families having external stress such as low income, unemployment, social isolation, and debt problems complain about the financial-caregiving burden and are the most responsible for physical abuse. Some families have an emotional-caregiving burden and concern for dementia, and they are most responsible for verbal abuse and/or neglect. Caregiving burdens vary according to the extent of care required, the type of care provided, and the caregiver's ability and attitude for caregiving responsibility. Caregiving stress also increases when caregivers are forced to take care of elderly persons who are suffering from physical, functional, and cognitive problems. Accumulated caregiving stress results in mistreating elderly parents.

Characteristics of Violence

Based on an understanding of the risk factors, I analyzed the characteristics of violence, which indicate that elder mistreatment is a serious social problem. The findings can be grouped in three areas: the relationship between living arrangement and mistreatment types, severity of elder mistreatment, and the relationship between elder mistreatment and other types of family violence.

Living arrangement. Living arrangement, even if there are still arguments, has

been considered a risk factor for victims in many studies. Some studies suggest that the risk of elder mistreatment increases when living arrangements are shared (Comijs, 1998). Other studies suggest that living alone or being alone frequently increases the risk of elder mistreatment (Buri et al., 2006). In this study, however, the victim's living arrangement was not a substantial determinant. Rather, living arrangement is deemed as a situational/environmental context that helps in understanding why different types of violence occur. Elderly victims who have been living alone for a long time have experienced neglect by adult children and they are careless about their basic needs as the period of neglect by adult children gets longer.

In addition, some victims living with their adult children have experienced financial abuse and emotional/verbal abuse because of their adult children's own personal situations, such as health problems, financial problems, and divorce. Adult children decided to live with elderly parents not for better caregiving, but to help themselves; thus, it is no wonder that the potential for elder mistreatment increases in the process of adult children's self-help. Victims living with their adult children from the beginning are more likely to experience physical abuse, as well as emotional/verbal abuse. Adult children become more violent as the period of shared living arrangements gets longer. They tend to abuse elderly parents emotionally and/or verbally at first, and then they gradually develop the manifestations of physical abuse due to their own financial difficulties, family relationships, or increasing caregiving stresses.

Severity of elder mistreatment. Severity of elder mistreatment can be inferred from how long the victim is abused, who practices the abuse, what form the abuse takes, and the victim's gender. The victims in this study had been abused almost every day or 2

to 3 times a week for over a year. Some victims had continuously been abused for more than 5 years, 10 years was the longest. The victims also experienced two or more types of elder mistreatment. Social workers who have interviewed the victims and observed their households suggest that the victims have unclear and limited memory, in particular when they have been abused for a long time, and also lack an understanding of elder mistreatment. Therefore, elder mistreatment may be much longer and more frequent than reported by the victims. Unfortunately, some victims, in particular female victims, had been abused by several perpetrators, such as sons and daughters-in-law, sons and grandchildren, and sons and daughters at the same time or different times. Considering the victims' gender, female victims suffered considerably from emotional/verbal abuse by daughters-in-law, and the severity of physical abuse was much higher than that experienced by male victims. Earlier studies also indicate that older women are more likely to be identified as victims of elder mistreatment and are more likely to experience severe and life-threatening abuse (Bachman, Dillaway, & Lachs, 1998; Gorbien & Eisenstein, 2005).

Other types of family violence. Because caregiving in a family setting has been practiced culturally and socially in Korea and is still prevalent, elder mistreatment is sharing time and space with other types of family violence, such as child abuse, spouse abuse, and sibling abuse. For both elder mistreatment and family violence, the perpetrators can be the same or different, and they can be one person or several. Particularly, the person who is divorced and addicted to alcohol tends to abuse both elderly parents and children. Elderly parents suffering from physical and psychological abuse fail to provide grandchildren adequate food, clothing, or hygiene as a caregiver

taking the perpetrator's place. Therefore, grandchildren are placed in dangerous situations due to physical abuse from parents and lack of care. In addition, the person suffering from a severe mental disorder and/or substance abuse is likely to perpetrate violence toward all family members including elderly parents, wife, children, and siblings. As an example, the perpetrator's siblings, even though not living with the perpetrator, often experience physical and psychological abuse when they try to stop the perpetrator. For these cases, it is important to take emergency steps to deal with the perpetrator's problem and to minimize harm to the families.

Consequences of Elder Mistreatment

The effects of elder mistreatment appear to assume four possible dimensions: physical, behavioral, psychological, and social. Early investigations mainly explored wide-ranging psychological impacts, such as denial, fear, anxiety, emotional distress, and depression (Le, 1997; Yan & Tang 2001). The current study found that the elderly victims were damaged in physical, psychological, and social functioning and experienced difficulties in family relationships.

The physical effects of elder mistreatment include various forms of physical pain, such as muscular pain, headaches, burns, injuries, bruises, sleep disturbances, eating problems, and diseases. Health issues such as high blood pressure, diabetes, somatic ailments, and arthritis become more serious, and thus, victims need to be treated in a hospital. In addition, elder mistreatment repeated for a long time is likely to lead to dementia and substance abuse in the victims. As for the psychological effect, most victims report emotional reactions such as embarrassment, disappointment, anger, and grief immediately after the mistreatment. After repeated mistreatment, the elders suffer

from fear, anxiety, depression, phobias, feelings of helplessness, and self-blame. In some cases, the elders commit suicide to escape from the stressful situation. Unfortunately, lack of awareness about elder mistreatment and mental health treatment options limits the ability to address the phenomenon.

Considering diagnostic dilemmas, the most extreme cases of elder mistreatment quite clearly show the consequences of elder mistreatment. For example, physical abuse immediately leads to visible physical harm, so there is no doubt that the elderly person has been abused. However, as Dyer and associates (2003) pointed out, many cases fall into a grey area where elder mistreatment is not clearly determined because of the subtle physical and psychological signs of aging. Moreover, all types of elder mistreatment directly or indirectly affect victims' physical functioning. Researchers and practitioners, therefore, are challenged to find the link between nonphysical abuse and the victim's damaged physical functioning.

Victims' damaged social functioning includes fewer contacts, dependence, withdrawal, and isolation. Given the social and cultural background, it is no wonder that the victims tend to be invisible and are struggling with their problems alone. The victims are afraid of social criticism toward their families, rather than the legal penalties for the perpetrators. They are ashamed of failing to properly educate their children and also of the loss of family stability and honor. These feelings lead to social isolation, increased fear of the community, and avoidance of neighbors and potential help providers. The role of cultural values such as close family ties, family honor, self-sacrifice, and self-restraint makes the victims stay with their abusive adult children, and the severity of elder mistreatment becomes worse.

Elder mistreatment also brings about a breakdown in the family. In earlier research, family relationships have been mainly recognized as an indicator of elder mistreatment (Comijs et al., 1998; Kosberg & Nahmiash, 1996); however, this study found that elder mistreatment had a negative impact on family relationships. Koreans are proud of their good relationships among family members. Therefore, the fact that someone among brothers and/or sisters has abused elderly parents causes difficulties within the family; the conflicts surrounding the perpetrator and caregiving responsibilities lead to the disruption of a kinship. In addition, the majority of elderly victims live with abusive adult children and the perpetrators are often aggressive to other family members. Family members, thus, tend to cut off all contact with the abused elderly parents to avoid meeting with the perpetrator. Broken family relationships finally drive the elderly parents into a corner. Elder mistreatment is not only a problem between the perpetrator and the victim, but also a problem requiring intervention for the whole family.

Understanding and Responding to Elder Mistreatment

Though some professionals have tried to explore perceptions of elder mistreatment across cultures since the 1990s, research on the victims' responses is as minimal as that on elder mistreatment effects. This study found that the elders' responses to elder mistreatment range from denial or concealment to leaving the abusive situation or contacting authorities charged with investigating the problem.

Elders, particularly female victims, tend to accept elder mistreatment and hide the problem within the family rather than ask for outside help. Female victims try to explain and often excuse adult children's abusive behaviors. The process of justifying the perpetrators' actions took various forms, such as labeling (e.g., demonizing, ethnic

stereotyping, pathologizing), believing the situation was inevitable, and believing that it was punishment for the victim's past faults toward the perpetrator. Additionally, female victims are more likely to show sympathy to the perpetrators and cover up elder mistreatment for the sake of the perpetrator's future life. Women's roles and functions as mothers under a patriarchal culture obliged female victims to endure the abuse to keep the family in peace.

In some cases, elders, mostly male victims, fight against the abuse. They want to be separated from the perpetrator and even consider legal action to stop elder mistreatment. As the perpetrator's abusive behavior occurs more frequently and gets more severe, victims experience thoughts that change from hiding and/or accepting elder mistreatment to rejecting elder mistreatment. Some elders who have had a social support network (e.g., church, voluntary organizations, community programs) perceive their problematic situation earlier and try to seek help from the outside. Therefore, it is important to develop community resources for the elderly and inform them about the problem of elder mistreatment.

The Victims and Public Services

Previously there was little information available regarding elderly victims' attitudes toward and opinion about public services designed to help them and prevent elder mistreatment. This study found that many victims have positive perceptions of public services supported by local and national governments and show dependent attitudes toward public support. Victims basically have expectations and confidence that public services and social workers working in public areas will help them and their families without asking for contributions, including financial ones. These attitudes are

based on the public notion that government has to and will undertake a vital role to secure one's later life. In addition, the victims assume that social workers are responsible for decision making and the organization of services in difficult and traumatic situations. Particularly, elders who either belong to a lower-income bracket or are already taking advantage of other social services such as home visiting, elderly daycare, and elderly nutrition care, show a much more positive attitude toward social workers and service by itself. However, there is a limitation in conclusively representing the victims' general views of public services due to cases where they hide elder mistreatment because they do not describe their problem in detail and refuse to seek help from outside. For these cases, social workers comment that the victims have negative attitudes toward public services, but those elder opinions result from the fear of social criticism, not from their experiences with public services.

Furthermore, the victims tend to rely on the government's support programs for help. Elders' dependent attitudes should be considered together with their needs for public support. Victims' needs are either long-term care with separation from the perpetrator or temporary care without separation from the perpetrator. The victims who want to be completely independent from the perpetrator request cash grants for long-term care and want to live the rest of life in the shadow of the government. However, those victims having a strong will to live with the perpetrator refuse to be put into residential facilities aimed at treatment and prefer short-term medical care. They also want their abusive children, rather than themselves, to be treated through "continued support" of public services.

It is widely believed that certain kinds of public assistance, particularly cash assistance, may create a culture of dependency (Schneider & Jacoby, 2003), and diminish the incentive to independent living. However, elderly victims' dependence on public support should be considered in a different way. Considering that many victims are women who stay in a low-income bracket and do not belong to the labor force, receiving public support may be the only means to help them get away from violence and have security for their remaining lives. Moreover, elder mistreatment is no longer an individual or familial problem. There is a social demand of expanding public support to protect the abused elderly and improve the rights of the elderly.

Contextual Aspects of Elder Mistreatment

Researchers have highlighted the influence of social, economic, cultural, and historical factors in the understanding of elder mistreatment (Ho, 1990; KEPA 2007; Kosberg & Nahmiash, 1996). Based on the ecological perspective, these contextual aspects are the macrosystem, which affects individuals and families and increases the potential of elder mistreatment. This study addresses the most significant social, economic, and cultural contributions to elder mistreatment.

Economic crisis. Korea was faced with economic crisis in 1997 after many years of strong performance, largely owing to structural problems in its financial and corporate sectors (Bali & Ubide, 1999). As the financial troubles mounted, the Korean government asked the International Monetary Fund (IMF) and other international agencies for standby loans, and the IMF board approved the largest ever international financial rescue package (Adelman & Nak, 1999). As a result of financial disaster, many companies started to downsize their personnel and small businesses closed their doors in a very bad

financial state. Many middle-income families felt the devastating impact and the number of lower-income families rapidly increased.

The victims and the perpetrators in this study commented that many things have changed since the 1997 financial crisis (called “1997 IMF”). The perpetrators, mostly men, experienced external stress and financial difficulties such as losing jobs, failing to find jobs, dishonoring bills, and losing properties. There were also other difficulties involved in their families. For instance, the perpetrators’ wives were required to enter into the labor market and their elderly parents had to do housework as well as care for grandchildren. As family life changed in many ways, the stress, tension, and anxiety within the family increased and family members were more likely to experience conflicts.

Aging issues. The issues associated with population aging have been discussed in various research areas. Particularly, long life expectancy, increased demand for family caregiving, and lack of care services for the elderly have been considered as a potential impact on the incidence of abusive interactions (Schiamberg, 2000; Smyer & Clark, 2011; Yan & Tang, 2001). In the current study, the victims’ family members described emotional and financial burdens due to the costs and tasks of providing care to their elderly parents. Caring for the “oldest old” who are over the age of 75 is an even heavier burden for families because the oldest elderly need more care in daily life. Considering the families in a low-income bracket, the financial burden of elderly care is related to their daily survival, and thus, elderly parents in a low-income family are more likely to experience elder mistreatment.

Like the findings of Zink and associates (2003), another issue of aging in this study was loneliness. Among women victims, there was growing concern about being

alone in later life. Issues of loneliness, rather than the realities of physical aging, make them stay in abusive relationships. Considering a high survival rate of elderly women, gender inequality, and the lack of independence, elderly women are more likely to be the victims of elder mistreatment. A social support system for elderly women is urgent.

Family responsibility. Korean family relationships, in particular the relationship between parents and children, are interdependent and expected to serve a protective function for family members. Under Confucian philosophy, “filial piety” to the parents is an obligation, as well as a traditionally highly regarded practice and belief. Excessive expectations about “filial piety” cause caregiving stress for adult children, especially sons and daughters-in-law, and the accumulated stress is linked to violence against elderly parents. The fundamental ideas of filial piety are also related to the inheritance of property. The oldest son enjoys exclusive family inheritance rights as well as having a great responsibility for the elderly parents’ well-being. According to Chang and Moon (1997), this tradition, when misunderstood or abused, has tended to lead adult sons to exploit their elderly parents’ properties and neglect their duties to support elderly parents’ well-being.

As another aspect of family responsibility, it has been taken for granted that adult children depend on their elderly parents when they get into trouble. Adult children often try to live with their elderly parents for personal reasons, such as divorce, health problems, financial problems, and child care. The elderly parents, regardless of their intention, are confronted with the embarrassing situation of having to care for their adult children’s families. Adult children’s dependency is often beyond the elderly parents’ ability for caring and causes conflict between the two generations. This is evident in that

many victims experienced negative changes, such as financial difficulties, stress, health problems, and elder mistreatment after living with their sons' families.

Ethical dilemmas. Within the context of Korean culture, the concept of “loss of face” means that one brings disgrace on his/her family by failing to meet essential requirements placed upon him/her by virtue of social, cultural, and ethical norms (Ho, 1976). This concept places a heavy burden on the family members to keep family honor and to hide any conflicts and problems within the family (Ho, 1990). Under these values, many victims experienced an ethical dilemma between guaranteeing their rights and safety through any help seeking behaviors and protecting family through tolerating the pain. The older generation strongly adheres to the stereotype, which is living with adult children to keep family honor although they are abusive. For the elderly parents, it may be preferable to take a children's guilt upon him/herself rather than accusing a direct descendant. In addition, elderly parents in a position of caregiver for grandchildren experienced a conflict between leaving the abusive relationship and responsibility for the grandchildren's well-being. For elderly victims in this situation, tolerating the pain is better than sending their grandchildren to a facility for child protection. The victims' concerns to preserve the family and save face affect the way they respond to elder mistreatment.

Conclusion

Strengths and Limitations of the Study

There are a number of clear-cut strengths to the current study. First, the case narratives have a great deal of relevant and descriptive details about individuals' elder mistreatment experience, which would not be given by the quantitative data of the

original research. Thus, findings from this study will be useful for giving practitioners, researchers, policy makers, and other readers an in-depth understanding of elder mistreatment as a serious social problem. As a secondary data analysis, the information is also valuable for generating hypotheses and identifying critical areas of elder mistreatment.

Second, previous literature on the causes of elder mistreatment has indicated that it might be difficult to completely understand the risk factors of elder mistreatment with one theory or explanation (Cowen & Cowen, 2001; Lee, 2008). Within this context, the present study suggests an integrated conceptual framework and applies the ecological approach to better understand the causes of elder mistreatment. It will help researchers and practitioners understand the diverse ways elder mistreatment occurs within the family.

Third, the conceptual framework of this study also explains the consequences of elder mistreatment. To date, little research has investigated how elder mistreatment affects elderly victims' physical, psychological, and social functions. Furthermore, it is a complicated task to link symptoms of elder mistreatment, particularly mental symptoms, to victims because of the various signs of aging. These findings will help practitioners develop an effective strategy to quickly detect the effects of elder mistreatment and appropriately respond to the problem.

Fourth, practitioners need to be aware of how the elderly perceive and respond to elder mistreatment. Findings from this study will increase understanding about the elders' perceptions of elder mistreatment and cultural values in their perceptions. The findings will also provide valuable information in developing educational programs.

There are, however, also weaknesses to the study. One is that all of the information desired may not be available because the data were collected by practitioners through interviews with victims and by observation, and they decided what to collect and what to omit. In addition, information obtained may be in conflict because the case narratives were collected from 18 local KEPAs by different practitioners, with different writing styles, emphasizing different areas, and having covered different amounts and kinds of information. In Asian cultures, respondents can be unwilling to talk openly when the topic is so sensitive. Thus, interviews with elderly victims depend highly on the practitioner's ability. However, it is often difficult to determine the quality of some of the data in question and hard to know how subjectively practitioners conducted and analyzed the interviews. In addition, the current study is limited to emergency cases. There are still many cases in which there are abusive behaviors or unobserved potential for elder mistreatment. Continued effort is needed to investigate the different consequences and intervention strategies based on the severity of elder mistreatment.

Another limitation to the study is the generalizability of the findings. Although the sample was well represented by Korean elderly, the findings may not generalize to others who were not included in the study or to other settings and other ethnic populations. However, generalizability in qualitative research is subject to different opinions. That qualitative studies do not share the inferential ambitions of quantitative research does not mean that they eschew transferability altogether (Padgett, 2008). For example, a qualitative research study on elder mistreatment has far more impact if its results can be used to inform other elder mistreatment research. This transferability (or

applicability) may extend to other family violence research and practices across the country or around the world. It all depends on the study's ultimate goals.

Finally, in terms of the theoretical basis, this study is based on the ecological systems theory suggested by Bronfenbrenner (1986, 1997). The last system of the Bronfenbrenner model is the chronosystem, which captures the external and internal changes and continuities that occur over a person's lifetime. The chronosystem emphasizes the dimension of time, environmental contexts, and sociohistorical conditions (Schiamberg & Gans, 1999). This study, as a cross-sectional study, is focused on one time period. There is, therefore, a limitation to applying the life course perspective. However, it was somewhat possible to identify the processes of family change, including intergenerational relations, through the victims and the perpetrators retrospection.

Implications for Policy

Until now, policy for elder mistreatment has focused on providing protective services for the abused. This study, however, highlights a complex interaction of individual, familial, social, and cultural factors that contributes to elder mistreatment. As a significant example, the 1997-98 financial crisis had a huge impact on individuals and their families in many ways, such as unemployment, substance abuse, debt problems, forcing housewives to work outside the home, and requiring elderly parents to help adult children in some way. These changes increased the stress, anxiety, and conflict within the family and led to elder mistreatment. In turn, the national financial crisis actually did trigger the potential of elder mistreatment. Thus, policy should be developed with an accurate understanding of the complexities covering elder mistreatment and should be multidimensional. Significant implications for policy are as follows.

First, prevention efforts are urgently needed. Prevention strategies should be developed for the elderly within the risk group for elder mistreatment. The elderly who are female, over the age of 75, or are included in the low-income bracket are more likely to experience elder mistreatment. The original research also indicates that approximately 68% of the victims are female and that neglect of the elderly over the age of 85 has been increasing. By encouraging community concern about low-income elderly women, the oldest old, and the oldest old women, it is possible to be actively involved in hidden elder mistreatment cases and to take action to prevent elder mistreatment before it occurs. For this, the Korean Elder Protection Agency (KEPA) should cooperate with the external networks in communities, such as social service organizations, health care facilities, counseling centers, senior care facilities, and shelters.

Second, it is important to increase social attention to elder mistreatment and various elder-related issues (e.g., the rights of the elderly, ageism, elderly care). The exact definition of elder mistreatment has not been shared by the public. Protecting the rights of the elderly and eliminating discrimination against the elderly are still unfamiliar issues in communities. If there comes to be a social consensus to what constitutes elder mistreatment, hidden elder mistreatment will begin to emerge. In particular, public education through the mass media, such as newspapers, magazines, internet, and TV may increase social awareness about elder mistreatment and help people report a suspected case without hesitation. A series of efforts to expand social interest and public responsibility will be the first step to preventing elder mistreatment and improving the quality of life of the elderly.

Third, practitioners, policy makers, lawyers, and community service providers are specified as mandatory reporters and are expected to work closely to detect elder mistreatment and help elderly victims. In this study, 33% of those who reported elder mistreatment were mandatory reporters. The original research also indicated that 4.4% of elder mistreatment cases were reported by mandatory reporters. Educational programs for mandatory reporters should be provided for the early detection of elder mistreatment. At the same time, legal devices to force the responsibility of case reporting should be instituted.

Finally, this study found that one of the important issues related to elder mistreatment is family caregiving. Particularly, families at risk are more vulnerable to elder mistreatment because caregiving for the elderly parents is often beyond their capacity. It is estimated that the burden of family caregiving will continuously increase due to a growing number of the elderly, changes in values, and changes in family structure and function. In terms of supporting the capacity of family, various services to reduce the burden on family should be developed. The purpose of policy development should be to preserve the family and encourage positive family relationship.

Implications for Practice

First, considering the diversity of the types of elder mistreatment, practitioners must share information and cooperate with other professional groups to provide professional and appropriate services for elderly victims. For example, it is comparatively difficult to detect verbal/emotional abuse, and the effects of abuse may be complicated and continue for a long time. Thus, practitioners may need help from professional counselors or psychiatrists to better detect abuse and provide appropriate services. In the

case of financial abuse, it is important to gather legal advice to take back the elderly victim's right to properties or ownership.

Second, the primary purpose of intervention should be to help the abused elders escape from abusive situations and to support a safe and healthy life. Practitioners often suggested the separation of the family and conditions that were not familiar with the elders. However, elderly victims did not understand practitioners' decisions for the services and needed more time in order to understand and follow their decisions. Practitioners should have enough time to investigate the elderly victims' environments, such as socioeconomic status, cultural background, family support/relationships, victim's preferences, and ethical dilemmas, and then decide the services to meet the needs of the elderly victims.

Third, there were several cases that seemed to include sexual abuse, and social workers have tried to facilitate discussions of taboo subjects. However, sexual abuse was seldom mentioned. The elderly victims may consider sexual abuse a sort of secret, which they cannot talk about with anyone else. Another possible explanation is that the victims may consider sexual abuse not as a subtype of elder mistreatment, but a kind of legal problem. Thus, practitioners, particularly in family violence, sexual assault, and adult protective services, need to develop counseling skills and procedures to deal with taboo subjects.

Fourth, there is an increasing need for empowerment of services for both the victims and the perpetrators. Elderly victims are facing multiple sicknesses, low self-esteem, isolation, powerlessness, and limitations. They also have difficulties in adapting to rapid changes in the social, cultural, and political realities. To help the elderly victims

live their lives the way they want to and remain independent, it is necessary that community leaders, organizations, and individuals work together to protect the rights of the elderly, develop community resources for the elderly, and increase social and political participation of the elderly. In addition, perpetrators will make extensive changes if certain conditions, in particular supports to iron out their personal difficulties, are given. Practitioners need to consider rehabilitation opportunities and community resources, as well as sanctions. Elder mistreatment often occurs due to the stress experienced in the relationship between the victim and the perpetrator. Systematic and professional education and counseling to relieve the perpetrator's stress and encourage positive relationships will decrease the repetitive occurrence of elder mistreatment.

Suggestions for Future Research

The present study also provides important ideas for future research. First, many victims experienced two or more types of elder mistreatment. More research is needed to better understand why and how the different types of elder mistreatment occur at the same time or at different times. In terms of family violence, researchers should focus on the history of violence within the family and undertake more research on the transition from child abuse (or partner abuse) to elder mistreatment.

Second, more rigorous research is needed on the complicated relationship between dementia, family care, and elder mistreatment. This study did not include the victims who are cognitively and mentally impaired, but the perpetrators having responsibility for family caregiving worried about the victims' enfeebled cognitive ability. Korean literature also suggests that dementia will add a double burden to the family caregivers and may, all by itself, result in elder mistreatment. Participatory

research processes and action research involving family members and elderly parents should be considered in order to get close to family concerns and issues.

Finally, it is evident that the majority of the victims are women. Abused elderly women are the most vulnerable and isolated group in Korean society. Research on the individual, familial, and sociocultural characteristics of abused elderly women is needed to increase social concern about the human rights of elderly women and to provide valuable information for future intervention.

Summary

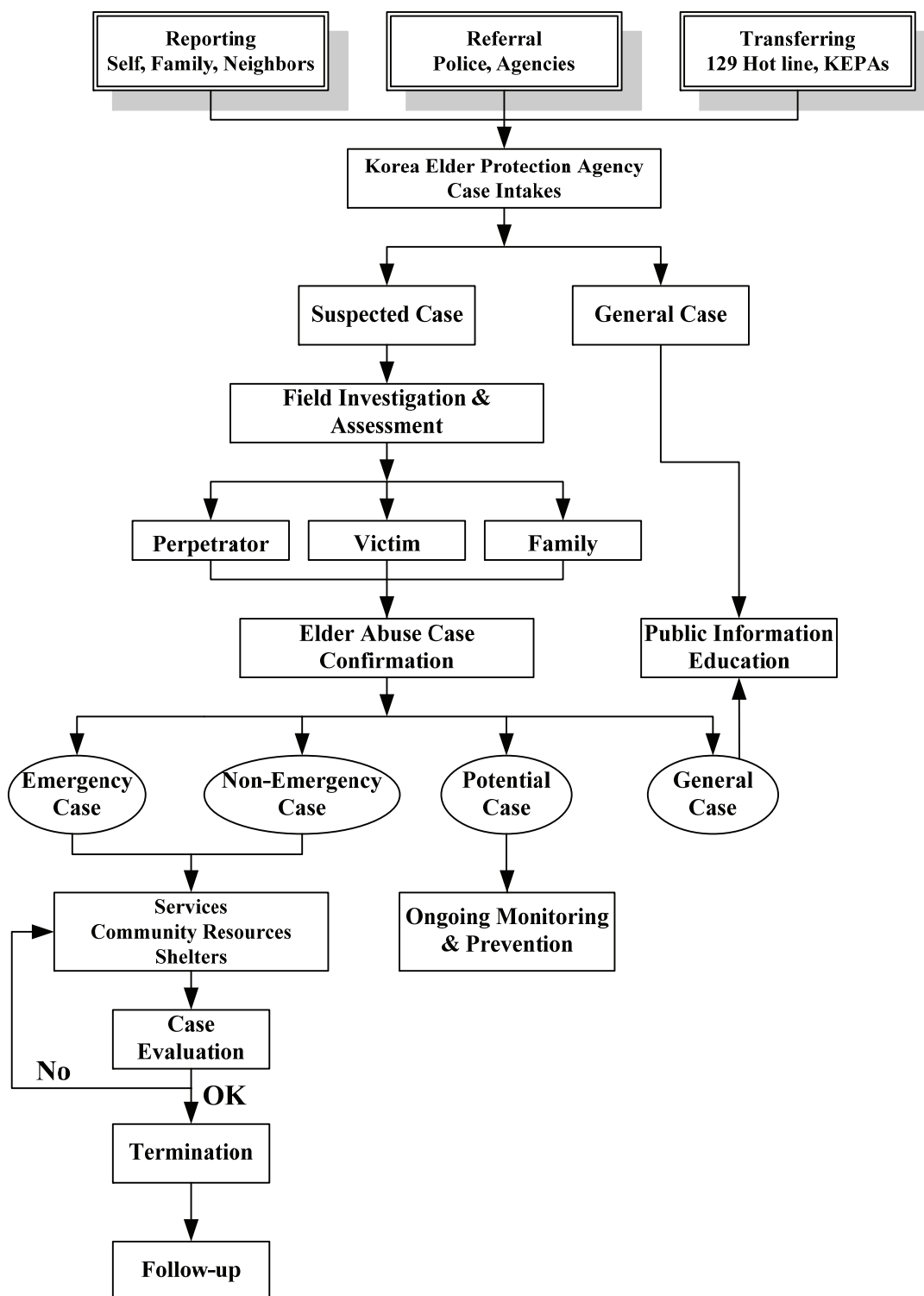
Social recognition of elder mistreatment that occurs within the family has been increasing since the Older Adult Welfare Law was amended in 2004. Various attempts at policy development are now underway. As policies evolve, the ecological perspective provides a valuable framework for understanding and addressing the complex issues surrounding elder mistreatment. Prevention and intervention strategies can benefit from this systematic approach, which carefully considers the characteristics of—and interactions between—individuals (microsystem), families (mesosystem), and society (macrosystem). All possible systems and programs, such as adult protective services, education, the legal system, and financial support from the government should coordinate their efforts to support elder persons' physical, psychological, and financial well-being and prevent elder mistreatment. Everyone can agree that elder people have a right to be happy and that we are obligated to protect them. Continued efforts in policy, practice, and research are needed to prevent elder mistreatment and improve the quality of life for all elders.

APPENDIX

ELDER ABUSE CASE REPORTING AND SERVICE

DELIVERY SYSTEM IN KOREA

Adapted from: *Korea Elder Protection Agency: 2011 policy and procedures manual*,
Retrieved November 1, 2011. from <http://www.noinboho.or.kr/senior/menu5.html>.



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